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B6D (Official Form 6D) (12/07)

In re	Pauls Valley Hospital Authority d/b/a
	Pauls Valley General Hospital

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H V	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	COZH-ZGEZ	DZ LL QU L DA	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			Linens	Ţ	A T E D	Ī		
ANGELICA CORPORATION P O BOX 535122 ATLANTA, GA 30353-5122		-			ט			
	_		Value \$ Unknown				7,248.84	Unknown
Account No.	4		Lab equipment					
DE LAGE LANDEN P O BOX 41602 PHILADELPHIA, PA 19101-1602		-						
			Value \$ Unknown				2,187.61	Unknown
Account No.			Dishwasher					
ECOLAB P O BOX 70343 CHICAGO, IL 60673-0343		-						
			Value \$ Unknown				114.95	Unknown
Account No. FIRST FINANCIAL DEPT #2067 P O BOX 87618 CHICAGO, IL 60680		_	McKesson Paragon Billing Hardware & Software for Medicare					
	┚		Value \$ Unknown				2,072,870.00	Unknown
continuation sheets attached			(Total of	Subt			2,082,421.40	0.00

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 $B6D\ (Official\ Form\ 6D)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital		Case No.	
-		Debtor	•	

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CCDEBTOR) N H	DESCRIPTION AND VALUE	CONFLXGEX	I D A	ISPUTE	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			Copiers	٦т	T E D			
GREAT AMERICA LEASING CORP P O BOX 660831 DALLAS, TX 75266-0831		-	Value \$ Unknown		D		4,325.00	Unknown
Account No.	╅	+	PCA pumps	+	\vdash	Н	4,323.00	Olikilowii
HPES HEALTHCARE PROF EQUP SVCS P O BOX 318 ELLIS, KS 67637		-						
	4	1	Value \$ Unknown	╄	_	Ц	2,400.00	Unknown
Account No. JAMES SUPPLY P O BOX 360 PAULS VALLEY, OK 73075		-	Oxygen tanks					
	4	+	Value \$ Unknown	+	_	Н	5,900.26	Unknown
Account No. LEASING ASSOCIATES OF BARRINGTON 33 WEST HIGGINS ROAD SUITE 1030 SOUTHBARRINGTON, IL 60010		-	Value \$ Unknown				77,983.00	Unknown
Account No.	7		Pacs, Portable xray	T		П	•	
LFC CAPITAL INC MB FINANCIAL BANK, NA LEASING 6111 NORTH RIVER RD, 9th FLOOR ROSEMONT, IL 60018		-						
			Value \$ Unknown			Ц	126,127.00	Unknown
Sheet <u>1</u> of <u>4</u> continuation sheets att Schedule of Creditors Holding Secured Claim		ed to	O (Total of t	Sub this			216,735.26	0.00

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 $B6D\ (Official\ Form\ 6D)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital		Case No	
		Debtor		

	С	ш.	sband, Wife, Joint, or Community	С	U	D	AMOUNT OF	
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONFLNGENT	Z G D _ D	I SP UT E D	CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.	4		Pagers	'	A T E D			
PAGE PLUS, INC. 10222 EAST 41 STREET TULSA, OK 74146		-						
	+	<u> </u>	Value \$ Unknown			_	256.25	Unknown
Account No.	_		Copiers					
PAINE BUSINESS MACHINES 205 W PAUL AVENUE PAULS VALLEY, OK 73075		-						
			Value \$ Unknown				4,275.00	Unknown
Account No.		Ī	Hospital Revenue, Mortgage on Property			\sqcap	-	
PAULS VALLEY GENERAL HOSPITAL/FUB DEBT S 100 VALLEY DRIVE TRAN FROM OPERA, OK 73075		-						
			Value \$ Unknown				635,777.00	Unknown
Account No.			Coag analyzer, laparascopy					
PAULS VALLEY NATIONAL BANK 101 WEST PAUL PAULS VALLEY, OK 73075		-	Value \$ Unknown				770 000 00	Halman.
Account No	\dashv	\vdash		\vdash	\vdash	\dashv	772,662.00	Unknown
Account No. PITNEY BOWES GLOBAL FINAN SVCS P O BOX 371887 PITTSBURG, PA 15250-7887		-	Postage Machine					
			Value \$ Unknown	Щ	Щ	\dashv	1,401.76	Unknown
Sheet 2 of 4 continuation sheets at Schedule of Creditors Holding Secured Clair		d to	S (Total of th	ubt iis p			1,414,372.01	0.00

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 $B6D\ (Official\ Form\ 6D)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital		Case No.	
		Debtor		

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)) N H	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	UNLLQULDA	I SP UT E	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			MRI	7⊤	T E D			
SIEMENS FINANCIAL SERVICES P O BOX 2083 CAROL STREAM, IL 60132-2083		-	Value \$ Unknown		D		2,649.00	Unknown
Account No.	+	╁	Bed Rentals	+	┢	Н	2,043.00	Onknown
SIZEWISE RENTALS P O BOX 320 ELLIS, KS 67637		-	Dea Remais					
			Value \$ Unknown				324.00	Unknown
Account No. SOVEREIGN LEASING LLC P O BOX 14565 READING, PA 19612		-	Chillers					
	+	-	Value \$ Unknown	+			211,044.00	Unknown
Account No. ST ANTHONY BUS OFFICE ACCT # 1055200 P O BOX 205 OKLAHOMA CITY, OK 73101-0205		-	Value \$ Unknown				1,096,457.38	Unknown
Account No.	7	T	Builders	T		П	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STATE BANK OF WYNNEWOOD P O BOX 369 WYNNEWOOD, OK 73098		-						
			Value \$ Unknown				47,657.00	Unknown
Sheet <u>3</u> of <u>4</u> continuation sheets at Schedule of Creditors Holding Secured Clair		ed to	(Total of	Sub this			1,358,131.38	0.00

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 $B6D\ (Official\ Form\ 6D)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a Pauls Valley General Hospital		Case No.	
		Debtor		

					_			
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R		DESCRIPTION AND VALUE	CONTINGENT	QU L D	SPUTE	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.		T	Scanner	7	A T E D			
TRACTMANAGER INC P O BOX 637785 CINCINNATI, OH 45263-7785		-			D			
Account No.	╀	╁	Value \$ Unknown	+			11,772.40	Unknown
Account No.			Value \$					
Account No.	╁	╁	value \$	+				
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Sheet 4 of 4 continuation sheets atta		d to)	Sub			11,772.40	0.00
Schedule of Creditors Holding Secured Claims			(Total of	this	pag	ge)	. 1,7 7 2.40	
			(Report on Summary of S		Tota		5,083,432.45	0.00
			(Report on Summary of S	ciie	ıuıe	5)		

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B6E (Official Form 6E) (4/10)

In re

Pauls Valley Hospital Authority d/b/a **Pauls Valley General Hospital**

Case No.		

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
☐ Domestic support obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in $11\ U.S.C.\ \S\ 507(a)(1)$.
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ Deposits by individuals

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

■ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

continuation sheets attached

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/10) - Cont.

In re	Pauls Valley Hospital Authority d/b/a		Case No.	
	Pauls Valley General Hospital			
		Debtor	•,	

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY Husband, Wife, Joint, or Community AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ODEBTOR NLIQUIDATED ONTINGENT S P U T E D AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY AND ACCOUNT NUMBER J С (See instructions.) **Unemployment Insurance/Taxes** Account No. OKLAHOMA EMPLOYMENT SEC. 0.00 COMM. P O BOX 52004 **OKLAHOMA CITY, OK 73152-2004** 41,895.61 41,895.61 **Taxes** Account No. OKLAHOMA TAX COMMISSION 0.00 **BUSINESS TAX DIVISION** 2501 North Lincoln Blvd. **Oklahoma City, OK 73194-0009** 44,537.01 44,537.01 Taxes Account No. **UNITED STATES TREASURY** 0.00 **INTERNAL REVENUE SERVICE** P.O. BOX 105083 ATLANTA, GA 30348-5083 423,539.95 423,539.95 Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 509,972.57 509,972.57 Total 0.00 (Report on Summary of Schedules) 509,972.57 509,972.57

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B6F (Official Form 6F) (12/07)

In re	Pauls Valley Hospital Authority d/b/a		Case No.	
	Pauls Valley General Hospital			
_		Debtor	,	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE BTOR	C A H	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFE SO STATE	CONTINGEN	UNLI GUI DAT	D I S P U T E D	AMOUNT OF CLAIM
Account No.			Trade Debt		TED		
A T & T P O BOX 5001 CAROL STREAM, IL 60197-5001		-		-			2,510.60
Account No.	\dashv		Trade Debt	+	<u> </u>	-	2,010.00
ABBOTT NUTRITION P O BOX 92679 CHICAGO, IL 60675-2679		-					619.69
Account No. ABILITY NETWORK INC DEPT CH 16577 PALATINE, IL 60055-6577		-	Trade Debt				1,440.00
Account No. ABLA, CHARLENE 301 Melville # 116 Pauls Valley, OK 73075		_	11/30/2010 Patient Refund/Overpayment on Account			x	
				<u> </u>	<u></u>	Ļ	41.30
82 continuation sheets attached			(Total of	Sub this			4,611.59

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Ç	U	P	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	ΙQ	SPUTED	AMOUNT OF CLAIM
Account No.			Trade Debt] ⊤	Ė		
ADA COCA COLA DR PEPPER P O BOX 1607 ADA, OK 74820		-			D		68.80
Account No.			Trade Debt	Т			
ADA OPEN MRI 11101 HEFNER POINTE DR. # 214 OKLAHOMA CITY, OK 73120		-					
							635.73
Account No.			Trade Debt				
ADMINISTRATIVE CONSULTANT SVCS P O BOX 3368 SHAWNEE, OK 74802		-					42,467.18
Account No.	┢		Trade Debt	+	H		
ADMOTIONS DIRECT 2333 EAST BRITTON ROAD OKLAHOMA CITY, OK 73131	-	-					6,345.38
Account No.	t	H	Trade Debt	+	\vdash		
AESCULAP INC. 3773 CORPORATE PARKWAY CENTER VALLEY, PA 19178-2451	-	-					404.04
Sheet no. 1 of 82 sheets attached to Schedule of	_	_	1	Subt	tota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				49,921.13

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Č	Ü	D	T	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C 1 M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	NL I QU I DAT	DISPUTED		AMOUNT OF CLAIM
Account No.	1		Trade Debt	'	E			
AHA SERVICES INC P O BOX 933283 ATLANTA, GA 31193-3283		-			D			101.90
Account No.			Trade Debt				T	
AIRSCAN TECH P O BOX 1539 SPRINGTOWN, TX 76082		-						245.00
							\perp	815.00
Account No. ALCON LABORATORIES P O BOX 951125 DALLAS, TX 75395		_	Trade Debt					139.00
Account No. ALEA TECHNOLOGY GROUP INC 231 SHANNON LAKE CIRCLE GREENVILLE, SC 29615		_	Trade Debt					18,400.00
Account No. ALERE NORTH AMERICA, INC. P O BOX 846153 BOSTON, MA 02284-6153		-	Trade Debt					4,138.75
Sheet no. 2 of 82 sheets attached to Schedule of				Subt	tota	ı1	T	22 504 65
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	re)	Ш	23,594.65

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

					_		
CREDITOR'S NAME,	S	Ηι	usband, Wife, Joint, or Community	CON	U N L	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	IS SUBJECT TO SETOFF, SO STATE.	ONT INGENT	QU-	SPUTED	AMOUNT OF CLAIM
Account No.			Trade Debt	Ι'	Ę		
ALLERGAN USA INC 12975 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0129		-			D		212.00
Account No.			Trade Debt				
ALPHA SOURCE INC BOX 1170 MILWAUKEE, WI 53201-1170		-					15.70
Account No.	┢	┢	Trade Debt	+			
AMBASSADOR COMPANY P O BOX 890287 CHARLOTTE, NC 28289-0287		-	Trade Dest				500.00
Account No.			Trade Debt				
AMERICAN HOSPITAL ASSOCIATION P O BOX 92247 CHICAGO, IL 60675-2247		-					101.95
Account No.	╁	\vdash	Trade Debt	\vdash			
AMERIDOSE P O BOX 4140 WOBURN, MA 01888-4140	•	-					59.80
Sheet no. 3 of 82 sheets attached to Schedule of		•		Subt	ota	1	000 17
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	889.45

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

				_	—	_	_	
CREDITOR'S NAME,	S	Hu	sband, Wife, Joint, or Community		U N L	P	1	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONFINGEN	I QUI	P U T E	<u> </u>	AMOUNT OF CLAIM
(See instructions above.)	R	Ľ		E N	חו	ΙD	<u> </u>	
Account No.			Trade Debt	Т	A T E			
AMERIFACTORS P O BOX 628004 ORLANDO, FL 32862-8004		-			D			206.62
Account No.	t	H	Trade Debt	十	\vdash	T	†	
AMERISOURCEBERGEN DRUG CORP P O BOX 905816 CHARLOTTE, NC 28290-5816		-						
								2,930.42
Account No.	┢		Trade Debt	+	\vdash	+	\dagger	
AMUNDSEN FOOD EQUIPMENT 1740 W MAIN ST OKLAHOMA CITY, OK 73106		-						522.70
Account No.			1/31/2011	+	\vdash	H	+	
APPL, KATHRYN L 3210 S Chickasaw Pauls Valley, OK 73075		-	Patient Refund/Overpayment on Account			×	<	100.00
A coount No	┞	-	Trada Dahi	+	\vdash	╀	+	100.00
Account No. APPLIED MEDICAL P O BOX 75001 CITY OF INDUSTRY, CA 91716-9759		-	Trade Debt					557.00
Sheet no. 4 of 82 sheets attached to Schedule of	_	•		Sub	tota	ıl	1	4.046.74
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	paş	ge)		4,316.74

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

	_			_	—	_	
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	S	U N L	P	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COZHLZGEZ	I QU I D	PUTED	AMOUNT OF CLAIM
Account No.			Trade Debt	٦	A T E D		
ARBUCKLE MEMORIAL HOSPITAL 2011 W BROADWAY SULPHUR, OK 73086		-			D		1,632.52
Account No.			Trade Debt		П	Г	
ARJO INC P O BOX 644960 PITTSBURGH, PA 15264-4960		-					3,835.92
Account No.	✝	T	Trade Debt	\vdash	\vdash	t	
ARNOLD OUTDOOR INC P O BOX 1105 EDMOND, OK 73083		-					1,400.00
Account No.	T	T	Trade Debt		T	T	
ASEPTIC ENCLOSURES 3720 HAMPTON AVE STE 204 ST LOUIS, MO 63109		-					416.95
Account No.	t	T	Trade Debt	T	\top	T	
AUTOMATIC FIRE CONTROL INC 1708 SE 22ND ST OKLAHOMA CITY, OK 73129		-					850.00
Sheet no. <u>5</u> of <u>82</u> sheets attached to Schedule of				Sub	tota	ıl	0.405.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	paş	ge)	8,135.39

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

	_					_	
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U N L	P	
MAILING ADDRESS	CODEBT	Н		CON	L	SPUTE	
INCLUDING ZIP CODE,	I E	w	DATE CLAIM WAS INCURRED AND	T	1	P	
AND ACCOUNT NUMBER	Ĭ	J	CONSIDERATION FOR CLAIM. IF CLAIM	N	Ü	Ĭ	AMOUNT OF CLAIM
(See instructions above.)	O R	С	IS SUBJECT TO SETOFF, SO STATE.	E	D	Þ	
A N -	┢	┢	14/20/2040	NGENT	DATED		
Account No.	l		11/30/2010	-	Ė		
L	l		Patient Refund/Overpayment on Account			H	
BALLARD, JO A	l					١.,	
12345 County Rd 3450	l	-				X	
Stratford, OK 74872	l						
	l						
							72.96
Account No.			Trade Debt				
	l						
BARD	l						
P O BOX 75767	l	-					
CHARLOTTE, NC 28275	l						
	l						
							743.82
Account No.			Trade Debt				
	l						
BARD PERIPHERAL	l						
P.O. BOX 75767	l	-					
CHARLOTTE, NC 28275	l						
,	l						
	l						209.00
Account No.			11/30/2010				203.00
Account No.	l		Patient Refund/Overpayment on Account				
	l		Patient Refund/Overpayment on Account				
BARKER, CALAE	l					١.,	
408 N Taylor	l	-				X	
Wynnewood, OK 73098	l						
	l						
							150.00
Account No.		Γ	Trade Debt				
	1						
BAXA CORPORATION	ı	1					
DEPARTMENT 1283	l	-					
DENVER, CO 80256							
	l						
							34.10
	<u> </u>	<u> </u>			Ļ	<u>L</u>	510
Sheet no. 6 of 82 sheets attached to Schedule of				Subt			1,209.88
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his 1	pag	e)	,

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

	С	Ни	sband, Wife, Joint, or Community	Tc	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	NL - QU - DATE		AMOUNT OF CLAIM
Account No.			Trade Debt	T	T E D		
BAXTER HEALTHCARE CORP P O BOX 730531 DALLAS, TX 75373		-					8,967.99
Account No.	╁		Trade Debt	+			
BAYLESS DRUG P O BOX 150 STRATFORD, OK 74872		_					92.71
Account No.	╁		9/1/2010	+			
BAZOR, RAYMOND W 33069 E CR 1690 Wynnewood, OK 73098	-	-	Patient Refund/Overpayment on Account			x	109.60
Account No.	┢		11/30/2010				
BAZOR, RAYMOND W 33069 E CR 1690 Wynnewood, OK 73098		-	Patient Refund/Overpayment on Account			х	109.60
Account No.	-		10/31/2010	+			109.00
BECHTEL, LAHOMA 498 County Road 1399 Chickasha, OK 73018	-	_	Patient Refund/Overpayment on Account			x	155.00
Sheet no. 7 of 82 sheets attached to Schedule of	_			Sub	tota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of				9,434.90

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

	16	ш.	sband, Wife, Joint, or Community	Ic	Ιυ	D	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	H W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	DRLIQUIDATE	Lι	AMOUNT OF CLAIM
Account No.	_		Patient Refund/Overpayment on Account		E		
BECHTEL, LAHOMA 498 County Road 1399 Chickasha, OK 73018		-	,			х	
Account No.	\dashv	-	Trade Debt	-			163.55
BECKMAN COULTER, INC. DEPT. CH 10164 PALATINE, IL 60055-0164		-					
							1,242.37
Account No. BELLS INTERNATIONAL 4009 MARATHON BLVD AUSTIN, TX 78756		-	Trade Debt				2,279.90
Account No.			Trade Debt				
BESON BRENT MD 4221 S WESTERN AVE SUITE 5000 OKLAHOMA CITY, OK 73109		-					64.78
Account No.	\dashv		1/31/2011				
BEVERS, LORETTA 31778 E CR 1650 Elmore City, OK 73433		-	Patient Refund/Overpayment on Account			x	172.00
Sheet no. 8 of 82 sheets attached to Schedule	of			Sub			2 022 50
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	3,922.60

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Ç	Ų	Ţ	7	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	ZL I QU I DAT	D I S P U T E D	=	AMOUNT OF CLAIM
Account No.			Trade Debt		E			
BILL MELTON DENTAL LAB 309 E FREEMAN DAVIS, OK 73030		-			D			325.00
Account No.			Trade Debt	Т	Г	Т	T	
BIRCH COMMUNICATIONS DEPT AT 952855 ATLANTA, GA 31192-2855		-						64,80
Account No.	┢	_	Trade Debt	+	╄	╀	+	
BKD LLP 6120 S YALE AVE STE 1400 TULSA, OK 74136-4223		-	Trade Best					21,997.48
Account No.			Trade Debt	T		Τ	T	
BLACKBURN HOME CENTER 320 W PAUL AVE PAULS VALLEY, OK 73075		-						1,868.03
Account No.	T		Trade Debt	\dagger	T	T	†	
Boaz & Associates Three Corporate Plaza 3613 N.W. 56th Street, STE 300 Oklahoma City, OK 73112		-						1,437.70
Sheet no. 9 of 82 sheets attached to Schedule of				Sub	tota	al	T	25 602 04
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pas	ge)	١	25,693.01

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

CDEDITORIC MAME	С	Н	usband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		UNLIQUIDA	I S P U T E D	AMOUNT OF CLAIN
Account No.			Trade Debt	٦т	A T E		
BOND THE FLORIST 905 N OAK ST PAULS VALLEY, OK 73075		-			D		164.60
Account No.	+		9/1/2010 Patient Refund/Overpayment on Account				104.00
BOOKER, JOHNNIE P O Box 741 Stratford, OK 74872		-				x	
							14.00
Account No.			11/30/2010 Patient Refund/Overpayment on Account				
BOOKER, JOHNNIE P O Box 741 Pauls Valley, OK 73075		-				x	
	_						14.00
Account No.	-		Trade Debt				
BOONE & BOONE SALES CO INC 5484 S 103RD E AVE TULSA, OK 74146		-					
							132.76
Account No.			Trade Debt				
BORDEN MEADOW GOLD DAIRIES P O BOX 972384 DALLAS, TX 75397-0238		-					
							2,732.89
Sheet no10_ of _82_ sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub			3,058.25

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In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

				_	—	_	
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		U N L	P	
MAILING ADDRESS	CODEBTOR	н	DATE CLARAWA CHICURDED AND	CONT	Ľ	s	
INCLUDING ZIP CODE,	l E	W	DATE CLAIM WAS INCURRED AND	Ti '	l o	P	
AND ACCOUNT NUMBER	T	J	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	N	QU I	Ţ	AMOUNT OF CLAIM
(See instructions above.)	R	С	is sobsect to setort, so state.	NGEN	חו	D	
Account No.	┪	\vdash	11/30/2010	T	A T E D		
110000001101	1		Patient Refund/Overpayment on Account		D		
BOSTICK, SALLIE F							
402 S Taylor		_				Ιx	
Wynnewood, OK 73098						<u>۱</u> ``	
Wynnewood, OK 73098							
							25.00
							25.00
Account No.			Trade Debt	П			
	1						
BOYCE BYNUM PATH LAB PC							
P O BOX 7406		-					
COLUMBIA, MO 65205							
COLOMBIA, MC COLOC							
							26.72
					L		20.72
Account No.			Trade Debt				
	1						
BRACCO							
107 COLLEGE ROAD EAST		-					
PRINCETON, NJ 08540							
<u> </u>							
							675.00
	╄	_		₩	▙		0.000
Account No.	1		Trade Debt				
BREATH OF LIFE							
P O BOX 610329		-					
DALLAS, TX 75261-0329							
							750.00
Account No.	t	\vdash	Trade Debt	T	\vdash	H	
	1						
BRIGGS CORPORATION		1					
IP O BOX 1355		_					
DES MOINES, IA 50305-1355	1						
DES MONES, IA 30303-1333		1					
		1					450.40
					L	L	156.40
Sheet no. 11 of 82 sheets attached to Schedule of				Subt	tota	1	4 000 10
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	1,633.12

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In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Č	U	Þ	ìŢ	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	ΙQ	U T E		AMOUNT OF CLAIM
Account No.			Trade Debt	'	E			
BUSINESS IMAGING SYSTEMS INC P O BOX 20007 OKLAHOMA CITY, OK 73156		-			D			6,288.40
Account No.			Trade Debt		П	Π	Τ	
CABLE PRINTING/LINDSAY NEWS 117 S MAIN LINDSAY, OK 73052		-						9.60
Account No.	T	T	9/1/2010		T	T	†	
CADE, JEAN M 25430 N CR 3110 Elmore City, OK 73433		-	Patient Refund/Overpayment on Account			x	(20.00
Account No.	t		11/30/2010		T	T	†	
CADE, JEAN M 25430 N CR 3110 Elmore City, OK 73433		-	Patient Refund/Overpayment on Account			x	(20.00
Account No.	T	T	Trade Debt		T	T	†	
CALLIBRA INC SUITE 838 150 NORTH MARTINGALE ROAD SCHAUMBURG, IL 60173		_						1,250.00
Sheet no. 12 of 82 sheets attached to Schedule of	_			Sub	tota	ıl	†	7.500.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ze)	, [7,588.00

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In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		C	U N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AN CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATI	AIM	NT I NG E N	LQU	S P U T	AMOUNT OF CLAIM
Account No.			Trade Debt		T	T E D		
CAPITAL CITY PROCESSORS LLC P O BOX 94148 OKLAHOMA CITY, OK 73143		-						375.00
Account No.	╁		Trade Debt		\dagger			
CARDINAL HEALTH P O BOX 730112 DALLAS, TX 75373-0112		-						
Account No.	╀		Trade Debt			_		26,692.95
CARDINAL HEALTH 411 INC P O BOX 847384 DALLAS, TX 75284-7384		-	Trade Desit					9,263.40
Account No.	1		Trade Debt					3,230.10
CARDINAL HEALTH SPECIALTY 14265 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693		-						
Account No.	╀		Trade Debt		-	-		1,314.35
CAREER BUILDER LLC 13047 COLLECTION CENTER DRIVE CHICAGO, IL 60693-0130		-						5,000.00
Sheet no13_ of _82_ sheets attached to Schedule of					 Sub	tota	<u>L</u>	3,530.00
Creditors Holding Unsecured Nonpriority Claims			(T	otal of t				42,645.70

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

	Ιc	I u.	isband, Wife, Joint, or Community	Tc	Lii	D	T
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COXFLZGEZ	Q	SPUTED	AMOUNT OF CLAIM
Account No.			Trade Debt	T	E		
CAREERSTAFF UNLIMITED-OKLAHOMA C/O CAREERSTAFF UNLIMITED P O BOX 200528 HOUSTON, TX 77216-0528		-			D		4,356.05
Account No.			Trade Debt				
CAREFUSION 3750 Torrey View Court San Diego, CA 92130		-					4,019.11
Account No.	t	\vdash	Trade Debt	+	+		
CAREFUSION V MUELLER 131 SOUTH DEARBORN 6TH FLOOR CAREFUSION 2200 LOCKBOX 25146 CHICAGO, IL 60603		-					789.83
Account No.	t		Trade Debt				
CARESTREAM HEALTH, INC. DEPT CH 19286 PALATINE, IL 60055-9286		-					25,031.76
Account No.	\vdash	\vdash	Trade Debt	+	+	\vdash	23,030
CDW GOVERNMENT 200 NORTH MILWAUKEE AVE VERNON HILLS, IL 60061		_					9,029.70
Sheet no. 14 of 82 sheets attached to Schedule of			I.	Sub	tota	ı ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				43,226.45

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	(Case No.
	Pauls Valley General Hospital		

CREDITOR'S NAME, MAILING ADDRESS	COD	Hu	sband, Wife, Joint, or Community	CONT	U N L I	D I S	,	
INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	- NGENT	QU L D	U T E	! :	AMOUNT OF CLAIM
Account No.	Γ		Trade Debt	Т	A T E D			
CENTURION MEDICAL PRODUCTS P O BOX 842816 BOSTON, MA 02281-2816		-						5,306.50
Account No.			9/1/2010			T	Ť	
CHEATHAM, TAMMY L 114 E Gardner Pauls Valley, OK 73075		-	Patient Refund/Overpayment on Account			x	(
								17.69
Account No. CHEATHAM, TAMMY L 114 E. Gardner Pauls Valley, OK 73075		-	11/30/2010 Patient Refund/Overpayment on Account			х		
, ,								17.69
Account No. CHICKASAW PERSONAL COMMUNICATIONS P.O. BOX 2556 ARDMORE, OK 73402		-	Trade Debt					471.00
Account No.	t		Trade Debt		╁	H	+	
CHICKASAW TELECOM INC 5 NORTH MCCORMICK OKLAHOMA CITY, OK 73127-6620		_						40,876.82
Sheet no15_ of _82_ sheets attached to Schedule of	_	1	,	Sub	tota	ıl	†	46,689.70
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ze)	, [40,003.70

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

	_				_			
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C O N T	UNLL	P		
MAILING ADDRESS	CODEBTOR	н	DATE CLADAWAG DIGUDDED AND	Ň	Ë	s		
INCLUDING ZIP CODE,	B	W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM		Q U	U T		
AND ACCOUNT NUMBER	T	C	IS SUBJECT TO SETOFF, SO STATE.	N G	11	I F		ΙМ
(See instructions above.)	Ř		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NGENT	D A T	D		
Account No.			Trade Debt] T	T E D			
CHRIS WHYBREW					۲	H	-	
1215 W Edgewater Place	ı	_			İ	Ιx		
Broken Arrow, OK 74012	ı				İ			
	ı				İ			
							260,000.0	00
Account No.	t		Trade Debt	T		t		
	1							
CHURCH OF CHRIST	ı				İ			
P O BOX 476	ı	-			İ			
PAULS VALLEY, OK 73075	ı				İ			
	ı				İ			
							3,000.0	00
Account No.			Trade Debt	Т				
	1							
CIMARRON INS EXCHANGE, RRG	ı				İ			
P O BOX 1838	ı	-			İ			
OKLAHOMA CITY, OK 73101-1838	ı				İ			
	ı				İ			
							197,024.9	90
Account No.			Trade Debt					
ONITA O DOCUMENT MANAGEMENT	ı							
CINTAS DOCUMENT MANAGEMENT	ı				İ			
P O BOX 633842	ı	-			İ			
CINCINNATI, OH 45263	ı				İ			
	ı				İ			
							1,032.6	60
Account No.			Trade Debt	Т				
	1	1				1		
CITY OF PAULS VALLEY	ı				İ			
WATER DEPARTMENT	ı	-			İ			
BOX 778	ı				İ			
PAULS VALLEY, OK 73075	ı				İ			
							4,610.4	48
Sheet no. 16 of 82 sheets attached to Schedule of	_		1	Subt	tota	ıl	1.2.2.2.	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	465,667.9	Jδ
					_			

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community	CO	U	D	
MAILING ADDRESS INCLUDING ZIP CODE,	CODEBTOR	H W	DATE CLAIM WAS INCURRED AND	CONT	UNLL	S P	
AND ACCOUNT NUMBER	B T	J	CONSIDERATION FOR CLAIM. IF CLAIM		Q U	Į U	AMOUNT OF CLAIM
(See instructions above.)	R	С	IS SUBJECT TO SETOFF, SO STATE.	NGENT	D A	E D	
Account No.			Trade Debt	77	TED		
CITY OF PAULS VALLEY - EMS							
BOX 778		-					
PAULS VALLEY, OK 73075							
							6,500.00
Account No.	T		Trade Debt	\perp			
CLEAR ADVANTAGE COLLAR, INC.							
BIBBY FINANCIAL SVCS MIDWEST,		-					
INC.							
14906 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693							4 245 00
				丄			1,345.00
Account No.	ļ		Trade Debt				
CLIFFORD POWER SYSTEMS							
P O BOX 875500		-					
KANSAS CITY, MO 64187-5500							
							4 244 00
	_			\downarrow			1,241.00
Account No.	ł		Trade Debt				
CLINICAL SOFTWARE SOLUTIONS							
20940 EAST MEWES ROAD		-					
QUEEN CREEK, AZ 85242							
							2 700 00
	L			$oldsymbol{\perp}$			3,799.69
Account No.	1		Trade Debt				
CLT REFRIGERATION INC.							
404 S EARL ST		-					
PAULS VALLEY, OK 73075							
							400.55
				\perp			463.88
Sheet no. 17 of 82 sheets attached to Schedule of				Subt			13,349.57
Creditors Holding Unsecured Nonpriority Claims			(Total of	his	pag	ge)	10,040.01

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

	_			_	—	_	
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		U N L	D	1
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A M	IS SUBJECT TO SETOFF, SO STATE.	CONFINGENT	I QU I D	P U T E D	AMOUNT OF CLAIM
Account No.			Trade Debt	'	Ā		
CMS COMMUNICATIONS, INC. P O BOX 790372 ST LOUIS, MO 63179-0379		-			D		2,922.56
Account No.			Trade Debt		Т	Г	
COASTLINE PHARMACEUTICALS LLC P O BOX 548 POOLER, GA 31322		-					
				L			132.00
Account No. CODING INSTITUTE SUBSCRIBER SERVICES P O BOX 933729 ATLANTA, GA 31193-3729		-	Trade Debt				249.00
Account No.			Trade Debt	Τ			
COLE TECHNOLOGY GROUP P O BOX 720696 NORMAN, OK 73070		-					17.21
Account No.	t	t	Trade Debt	+	\vdash	t	
COLLEGE/AMERICAN PATHOLOGISTS P O BOX 71698 CHICAGO, IL 60694-1698		-					462.00
Sheet no. 18 of 82 sheets attached to Schedule of				Sub	tota	ıl	2 702 77
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	paş	ge)	3,782.77

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.	
	Pauls Valley General Hospital		

CREDITOR'S NAME,	Ç	Hu	sband, Wife, Joint, or Community	С	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTLNGEN		I S P U T E D	AMOUNT OF CLAIM
Account No.			Trade Debt	Т	T E		
COLLEGIATE MEDICAL LLC P.O. BOX 9238 SHAWNEE MISSION, KS 66201		-			D		4 000 00
Account No.	+		1/31/2011 Patient Refund/Overpayment on Account				1,028.00
COLLINGS, JANIE 41248 E CR 1510 Pauls Valley, OK 73075		-	,			x	
							21.75
Account No. COLLINS, DELILAH 1500 E Robt. S. Kerr # 2B		-	1/31/2011 Patient Refund/Overpayment on Account			х	
Wynnewood, OK 73098							19.00
Account No.			Trade Debt				
COMFORT INN & SUITES 103 S HUMPHREY BLVD PAULS VALLEY, OK 73075		-					
							455.00
Account No.	4		Trade Debt				
COMPSOURCE OKLAHOMA P O BOX 269021 OKLAHOMA CITY, OK 73126-9021		-					
							21,357.00
Sheet no. <u>19</u> of <u>82</u> sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	f		(Total of	Sub			22,880.75

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	(Case No.
	Pauls Valley General Hospital		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Ğ	Ü	Þ	·Τ	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	O D E B T O R	C A M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	ΙQ	U T E	֝֝֝֝֟֝֝֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡	AMOUNT OF CLAIM
Account No.	1		Trade Debt		E			
COMPUTER SOLUTIONS 507 SOUTH WILLOW SUITE A PAULS VALLEY, OK 73075		-			D			1,600.00
Account No.	T		Trade Debt	\top	T	Т	Ť	
CONE INSTRUMENTS LLC 3261 MOMENTUM PLACE CHICAGO, IL 60689-5332		-						139.94
Account No.	✝		Trade Debt	+	+	t	\dagger	
CONNECT HEALTH PROFESSIONALS 2411 SPRINGER DRIVE NORMAN, OK 73069		-						128,025.79
Account No.	t	T	Trade Debt	t	t	T	†	
CONNER & WINTERS 4000 ONE WILLIAMS CENTER TULSA, OK 74172-0148		-						14,805.50
Account No.	t	t	Trade Debt	+	T	T	†	
CONSTELLATION ENERGY BANK OF AMERICA LOCKBOX SVCS 15246 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0001		-						7,588.44
Sheet no. 20 of 82 sheets attached to Schedule of				Sub	tota	ıl	T	152,159.67
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pas	ze)	, I	152,159.67

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	(Case No.
	Pauls Valley General Hospital		

CDEDITORIS NAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGENT		S	AMOUNT OF CLAIM
Account No.	\dashv		Patient Refund/Overpayment on Account		E D		
COOK, TONYA D 705 W Main Elmore City, OK 73433		-				х	
Account No.			10/31/2010	_			3,724.00
COOK, TONYA D 705 W Main Elmore City, OK 73433		-	Patient Refund/Overpayment on Account			x	
Account No.	4		4/04/0044				2,289.41
CORNFORTH, JOYCE 2001 S Walnut Pauls Valley, OK 73075		-	1/31/2011 Patient Refund/Overpayment on Account			x	15.00
Account No.	\dashv		1/31/2011				
CRAWFORD, MARNIE 32368 East CR 1580 Pauls Valley, OK 73075		-	Patient Refund/Overpayment on Account			x	18.85
Account No.	╫		1/31/2011				10.00
CZARNECKI, HANNAH 32502 E CR 1490 Paoli, OK 73074		-	Patient Refund/Overpayment on Account			x	100.00
Sheet no. 21 of 82 sheets attached to Schedule of	of	_	I	Sub	tota	ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				6,147.26

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Č	Ü	D	, [
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	NL I QU I DAT	DISPUTED		AMOUNT OF CLAIM
Account No.			Trade Debt	T	E D			
D MED CORPORATION 5151 BELTLINE ROAD SUITE 1125 DALLAS, TX 75254		_			D			2,487.08
Account No.			Trade Debt			Π	T	
DATEX-OHMEDA P O BOX 641936 PITTSBURGH, PA 15264-1936		-						4 600 40
	L	L			L	L	1	4,688.40
Account No. DAVIS NEWS P O BOX 98 DAVIS, OK 73030	-	-	Trade Debt					186.00
Account No.			11/30/2010					
DAVIS, BENJAMIN 100 Valley Drive Pauls Valley, OK 73075		-	Patient Refund/Overpayment on Account			x		87.77
Account No.		T	Trade Debt	T	T	T	†	
DBL 3453 PELHAM ROAD GREENVILLE, SC 29615		-						570.68
Sheet no. 22 of 82 sheets attached to Schedule of			,	Sub	<u>tot</u> a	ıl	†	0.040.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	nas	ze)		8,019.93

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

	С	Ни	sband, Wife, Joint, or Community	С	υ	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	DRLIQUIDATE	I S P	AMOUNT OF CLAIM
Account No.	-		11/30/2010 Patient Refund/Overpayment on Account	ľ	Ė		
DENTON, ERLE Q 300 Melville Dr #305 Pauls Valley, OK 73075		-	auton Roland Coopeymont on Account			х	2,303.25
Account No.	╁		Trade Debt				
DEPARTMENT OF LABOR 3017 NORTH STILES SUITE 100 OKLAHOMA CITY, OK 73105		-					
							75.00
Account No. DF EXHAUST & BRAKES 827 S CHICKASAW PAULS VALLEY, OK 73075		-	Trade Debt				101.35
Account No.			Trade Debt				
DIAGNOSTIC LAB OF OK P O BOX 676324 DALLAS, TX 75267-6324		-					15,059.87
Account No.	┢		8/31/2010				,
DIAZ, GILBERT 202 W Chapel Ridge #1113 Pauls Valley, OK 73075		-	Patient Refund/Overpayment on Account			x	20.00
Sheet no. 23 of 82 sheets attached to Schedule of	_			Sub	tota	1	47.550.47
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	17,559.47

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

	С	Нп	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODE BTOR	C H W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	NL - QU - DATE	SPUTED	AMOUNT OF CLAIM
Account No.			9/1/2010 Patient Refund/Overpayment on Account	'	Ė		
DIAZ, GILBERT 202 W Chapel Ridge #1113 Pauls Valley, OK 73075		-	,			х	
A (N)			0/4/0040				20.00
Account No. DICKINSON, MILDRED L P O Box 184 Paoli, OK 73074		-	9/1/2010 Patient Refund/Overpayment on Account			x	
							26.70
Account No. DICKINSON, MILDRED L P O Box 184 Paoli, OK 73074		-	11/30/2010 Patient Refund/Overpayment on Account			x	26.70
Account No.			Trade Debt				
DILL OIL COMPANY P O BOX 427 ELMORE CITY, OK 73433		-					457.18
Account No.			Trade Debt	+			701110
DIMENSIONAL CONCEPTS P O BOX 1838 STILLWATER, OK 74076		-					2,000.00
Sheet no. _24 _ of _82 _ sheets attached to Schedule of	<u> </u>			Sub	tota	1	,
Creditors Holding Unsecured Nonpriority Claims			(Total of				2,530.58

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In re	Pauls Valley Hospital Authority d/b/a	(Case No.
	Pauls Valley General Hospital		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Č	U	P	Τ,	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	O D E B T O R	C A M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	I Q	SPUTED	! :	AMOUNT OF CLAIM
Account No.	1		Trade Debt	'	Ė			
DIVERSIFIED BIOLOGICALS MIA 4300 SW 73RD AVENUE SUITE 102 MIAMI, FL 33155-4512		-						140.22
Account No.		Г	Trade Debt		Г	Г	T	
DRAEGER SAFETY DIAGNOSTICS INC P O BOX 200337 PITTSBURGH, PA 15251		-						353,50
Account No.	╀	╄	1/31/2011	-	╄	┞	+	
DU, LEANN Q 705 Geronimo Pauls Valley, OK 73075		-	Patient Refund/Overpayment on Account			x	(19.00
Account No.	t	\dagger	Trade Debt	1	${\dagger}$	H	†	
DYNATRONICS CORPORATION 7030 PARK CENTRE DRIVE SALT LAKE CITY, UT 84121		-						291.84
Account No.	T	T	Trade Debt	\dagger	\top	T	†	
DYSPHAGIA SERVICES INC P O BOX 720932 OKLAHOMA CITY, OK 73172		-						1,387.27
Sheet no. 25 of 82 sheets attached to Schedule of		_		Sub	tota	ıl	†	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ze)	П	2,191.83

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	CODEBTOR	C H M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Trade Debt	CONTINGENT	LQU	SPUTE	S .	AMOUNT OF CLAIM
E M S SURGICAL 708 S OLD TRAIL SELINSGROVE, PA 17870		-			D			89.82
Account No. EDCO GROUP INC P O BOX 7010 SPRINGFIELD, MO 65801-7010		-	Trade Debt					114.98
Account No. ELECTRONIC DICTATION OF TULSA 9717 E 42ND ST SUITE 142 TULSA, OK 74146		-	Trade Debt					1,167.00
Account No. ELMORE CITY EMS P O BOX 99 ELMORE CITY, OK 73433-0099		-	Trade Debt					443.01
Account No. ELSEVIER P O BOX 0848 CAROL STREAM, IL 60132-0848		-	Trade Debt					87.26
Sheet no. _26 _ of _82 _ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Subt			T	1,902.07

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	(Case No.
	Pauls Valley General Hospital		

MAILING ADDRESS NCT.LIDING ZIP CODE, AND ADDRESS NCT.LIDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) No. Trade Debt No. No			1		1.		_	1
AND ACCOUNT NUMBER (See instructions above.) Account No. EM-CARE PHYSICIAN SERVICES 7032 COLLECTION CENTER DR CHICAGO, IL 60693 Trade Debt	CREDITOR'S NAME,	0	Hu	sband, Wife, Joint, or Community	- 6	N N	lι	
AND ACCOUNT NUMBER (See instructions above.) Account No. EM-CARE PHYSICIAN SERVICES 7032 COLLECTION CENTER DR CHICAGO, IL 60693 Trade Debt		P	н	DATE CLAIM WAS INCLIDED AND	N	Ļ	S	
Account No.		B	W		Hį.	Q	įυ	ANGENT OF GLANG
Account No.			ľ		I N	١٢	ΙĖ	AMOUNT OF CLAIM
Trade Debt Tra	(See instructions above.)	Ř	١	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ē	חו	D	
EM-CARE PHYSICIAN SERVICES 7032 COLLECTION CENTER DR CHICAGO, IL 60693 Account No. EMPI PO BOX 660154 DALLAS, TX 75266 - Trade Debt ENCOMPASS GROUP LLC DEPT 40254 PO BOX 740209 ATLANTA, GA 30374-0209 ACCount No. EPIMED INTERNATIONAL 141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095 Trade Debt - Trade Debt	Account No.			Trade Debt	٦Ÿ	Ť		
Trade Debt Tra		1				D		
CHICAGO, IL 60693 56,250.00	EM-CARE PHYSICIAN SERVICES							
CHICAGO, IL 60693 56,250.00	7032 COLLECTION CENTER DR		-					
Account No. EMPI P O BOX 660154 DALLAS, TX 75266 Account No. ENCOMPASS GROUP LLC DEPT 40254 P O BOX 740209 ATLANTA, GA 30374-0209 Trade Debt Trade Debt 1,476.48 Account No. EPIMED INTERNATIONAL 141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095 Trade Debt	CHICAGO, IL 60693							
Account No. EMPI P O BOX 660154 DALLAS, TX 75266 - Trade Debt 474.03 Account No. ENCOMPASS GROUP LLC DEPT 40254 P O BOX 740209 ATLANTA, GA 30374-0209 Trade Debt - Trade Debt								
Account No. EMPI P O BOX 660154 DALLAS, TX 75266 - Trade Debt 474.03 Account No. ENCOMPASS GROUP LLC DEPT 40254 P O BOX 740209 ATLANTA, GA 30374-0209 Trade Debt - Trade Debt								56 250 00
EMPI			_		\bot	<u> </u>		00,200.00
P O BOX 660154 DALLAS, TX 75266	Account No.			Trade Debt				
P O BOX 660154 DALLAS, TX 75266	EMPL							
DALLAS, TX 75266								
Account No. ENCOMPASS GROUP LLC DEPT 40254 P O BOX 740209 ATLANTA, GA 30374-0209 Trade Debt - Trade Debt			-					
Account No. ENCOMPASS GROUP LLC DEPT 40254 P O BOX 740209 ATLANTA, GA 30374-0209 Account No. EPIMED INTERNATIONAL 141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095 Account No. EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 Trade Debt Trade Debt - Johnstown Trade Debt - Trade Debt - Trade Debt - Trade Debt - Trade Debt - Trade Debt - Trade Debt	DALLAS, 1X 75266							
Account No. ENCOMPASS GROUP LLC DEPT 40254 P O BOX 740209 ATLANTA, GA 30374-0209 Account No. EPIMED INTERNATIONAL 141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095 Account No. EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 Trade Debt Trade Debt - Trade Debt - 73.86								
ENCOMPASS GROUP LLC DEPT 40254 P O BOX 740209 ATLANTA, GA 30374-0209 1,476.48 Account No. EPIMED INTERNATIONAL 141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095 - Trade Debt 2,729.57 Account No. EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 Trade Debt 73.86 Sheet no. 27_ of 82_ sheets attached to Schedule of								474.03
ENCOMPASS GROUP LLC DEPT 40254 P O BOX 740209 ATLANTA, GA 30374-0209 1,476.48 Account No. EPIMED INTERNATIONAL 141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095 - Trade Debt 2,729.57 Account No. EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 Trade Debt 73.86 Sheet no. 27_ of 82_ sheets attached to Schedule of	Account No.	t		Trade Debt	\top	T		
DEPT 40254 P O BOX 740209 ATLANTA, GA 30374-0209 1,476.48 Account No. EPIMED INTERNATIONAL 141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095 - Trade Debt 2,729.57 Account No. EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 Sheet no. 27 of 82 sheets attached to Schedule of 5ubtotal		1						
DEPT 40254 P O BOX 740209 ATLANTA, GA 30374-0209 1,476.48 Account No. EPIMED INTERNATIONAL 141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095 - Trade Debt 2,729.57 Account No. EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 Sheet no. 27 of 82 sheets attached to Schedule of 5ubtotal	ENCOMPASS GROUP LLC							
P O BOX 740209 ATLANTA, GA 30374-0209 Account No. EPIMED INTERNATIONAL 141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095 Account No. EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 Sheet no. 27_ of 82_ sheets attached to Schedule of Trade Debt 73.86			l-					
ATLANTA, GA 30374-0209 Account No. EPIMED INTERNATIONAL 141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095 Account No. EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 Sheet no27_ of _82_ sheets attached to Schedule of 1,476.48 1,476.48 1,476.48 Trade Debt - 3,729.57								
Account No. EPIMED INTERNATIONAL 141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095 - Account No. EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 Sheet no27_ of _82_ sheets attached to Schedule of 1,476.48 1,476.48 1,476.48 1,476.48 1,476.48 51,476.48 1,4								
Account No.	ATLANTA, GA 30374-0209							4 470 40
EPIMED INTERNATIONAL 141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095 Account No. EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 Sheet no. 27 of 82 sheets attached to Schedule of Subtotal								1,476.48
141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095 Account No. EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 Sheet no27_ of _82_ sheets attached to Schedule of Subtotal	Account No.			Trade Debt				
141 SAL LANDRIO DRIVE JOHNSTOWN, NY 12095 Account No. EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 Sheet no27_ of _82_ sheets attached to Schedule of Subtotal								
JOHNSTOWN, NY 12095								
Account No. EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 Sheet no27_ of _82_ sheets attached to Schedule of			-					
Account No. EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 Sheet no. 27 of 82 sheets attached to Schedule of	JOHNSTOWN, NY 12095							
Account No. EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 Sheet no. 27 of 82 sheets attached to Schedule of								
EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 73.86 Sheet no27_ of _82_ sheets attached to Schedule of								2,729.57
EUREKA WATER COMPANY P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 73.86 Sheet no27_ of _82_ sheets attached to Schedule of	Account No.	t	H	Trade Debt	+	\vdash	\vdash	
P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 73.86 Sheet no27_ of _82_ sheets attached to Schedule of	1100	ł						
P O BOX 26730 OKLAHOMA CITY, OK 73126-0730 73.86 Sheet no27_ of _82_ sheets attached to Schedule of	FUREKA WATER COMPANY	1	1					
OKLAHOMA CITY, OK 73126-0730 73.86 Sheet no. 27 of 82 sheets attached to Schedule of Subtotal		1	I_					
Sheet no. 27 of 82 sheets attached to Schedule of Subtotal 61 003 94		l						
Sheet no. 27 of 82 sheets attached to Schedule of Subtotal	ONLAHOWA CITT, ON 73120-0730	ĺ	1					
Sheet no. 27 of 82 sheets attached to Schedule of Subtotal		ĺ	1					
1 61 003 94						L	L	73.86
I 61 NN3 QA I	Sheet no. 27 of 82 sheets attached to Schedule of				Sub	tota	1	
	Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	e)	61,003.94

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In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Ç	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	C 1 M H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	ΙQ	SPUTED	AMOUNT OF CLAIM
Account No.	1		Trade Debt		E		
EVANS ENTERPRISES INC 1536 SOUTH WESTERN AVENUE OKLAHOMA CITY, OK 73109		-			D		225.00
Account No.	T		Trade Debt		Г	Г	
EXPEDITIVE 3 INDEPENDENCE WAY SUITE 201 PRINCETON, NJ 08540		-					
							11,183.92
Account No.			Trade Debt	T	Т	Г	
FAMILY TRADITIONS P O BOX 550968 GASTONIA, NC 28055-0968		-					171.58
Account No.	╁		Trade Debt	+	╁		
FEDERAL CORPORATION DEPT. 96-0293 OKLAHOMA CITY, OK 73196-0293		-					271.50
Account No.	╁	\vdash	Trade Debt	+	\vdash	\vdash	
FEDERAL EXPRESS CORPORATION P O BOX 660481 DALLAS, TX 75266-0481		-					234.50
Sheet no. 28 of 82 sheets attached to Schedule of			•	Sub	tota	ıl	40,000,50
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ze)	12,086.50

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In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

						_		
CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community	C	U	P	7	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	N	UNLIQUIDATED	Ī	<u> </u>	AMOUNT OF CLAIM
Account No.			1/31/2011] T	T E		Γ	
			Patient Refund/Overpayment on Account	\vdash	D	╀	4	
FINCHER, ALVA 411 S Gage		_				lx		
Pauls Valley, OK 73075						 	`	
· · · · · · · · · · · · · · · · · · ·							١	
								35.24
Account No.			Trade Debt				T	
FIRE PROTECTION							١	
1704 FLOYD RD		-					١	
ARDMORE, OK 73401							١	
							١	
							١	66.00
Account No.			Trade Debt	П			T	
							١	
FIRMIN BUSINESS FORMS INC P O BOX 23587		L					١	
WACO, TX 76702-3587							١	
							١	
								218.42
Account No.			Trade Debt					
 FISHER HEALTHCARE							١	
P O BOX 404705		-					١	
ATLANTA, GA 30384							١	
							١	
				Ш	L			6,176.07
Account No.	1		Trade Debt				١	
ELIEL MAN								
FUELMAN P.O. BOX 105080		-					١	
ATLANTA, GA 30348-5080								
							١	
								500.00
Sheet no. 29 of 82 sheets attached to Schedule of				Subt			1	6,995.73
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his j	pag	ge)		0,335.73

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

	Ιc	ш	chand Wife Joint or Community	<u> </u>	Ιυ	D	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	I S P U T	AMOUNT OF CLAIM
Account No.	ł		1/31/2011 Patient Refund/Overpayment on Account	Ι΄	Ė		
FULLERTON, JAMES R 126 Tanglewood Dr Pauls Valley, OK 73075		-	Tallett Netura/Overpayment on Account			х	50.00
Account No.	╁		Trade Debt				30.00
GARVIN COUNTY NEWS STAR P O BOX 617 MAYSVILLE, OK 73057		-					
							2,020.00
Account No. GARVIN,AGEE,CARLTON & MASHBURN P O BOX 10 PAULS VALLEY, OK 73075	-	-	Trade Debt				28,594.54
Account No.	t		Trade Debt		T	T	
GE HEALTHCARE P O BOX 640200 PITTSBURGH, PA 15264-0200		-					7,912.38
Account No.	\vdash		Trade Debt			\vdash	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
GE HEALTHCARE MEDICAL SYSTEMS P O BOX 843553 DALLAS, TX 75284		-					2,925.84
Sheet no. 30 of 82 sheets attached to Schedule of				Sub	<u>l</u> tota	ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	41,502.76

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

CREDITOR'S NAME,	Ç	Hu	sband, Wife, Joint, or Community	C	U	D	Т	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	I Q	U T E	֓֞֝֝֟֝֝֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֡֓֡֓֓֓֡֓֡֓֡֓֡	AMOUNT OF CLAIM
Account No.	1		Trade Debt	'	E			
GEDDES ELECTRIC LLC P O BOX 1278 PAULS VALLEY, OK 73075		-			D			60.00
Account No.			1/31/2011				T	
GENN, PEGGY A 6722 HWY 77D Davis, OK 73030		-	Patient Refund/Overpayment on Account			x	(26.97
Account No.	╀	╀	1/31/2011	+	⊢	⊢	+	
GENN, PEGGY A 6722 HWY 77D Davis, OK 73030	_	-	Patient Refund/Overpayment on Account			x	<	26.97
Account No.	T	T	Trade Debt		П	Г	†	
GRAINGER DEPT 807669569 P O BOX 419267 KANSAS CITY, MO 64141-6267		-						2,479.69
Account No.	T	\top	9/1/2010	\dagger	Т	T	†	
GRAY, RICHARD 13018 N CR 3400 Stratford, OK 74872		-	Patient Refund/Overpayment on Account			x		204.77
Sheet no. 31 of 82 sheets attached to Schedule of	-		,	Sub	tota	ıl	T	2 702 40
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ze)	, [2,798.40

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		JZL	D	
MAILING ADDRESS	CODEBTOR	н	DATE CLABAWAG DICUDDED AND	C O N T	ΙĖΙ	S	
INCLUDING ZIP CODE,	B	W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM		l Q	P U	
AND ACCOUNT NUMBER	T	J	IS SUBJECT TO SETOFF, SO STATE.	N	- GD_	T	AMOUNT OF CLAIM
(See instructions above.)	R	С	is sebater to seroit, so sinte.	I F I	וחו	Ď	
Account No.	Т	T	11/30/2010	 	A T E D		
	1		Patient Refund/Overpayment on Account		5		
GRAY, RICHARD	ı		. ,	П	П		
Rt 2, Box 64	ı	-				Х	
Elmore City, OK 73433	ı						
	ı						
							204.77
Account No.			Trade Debt	H			
	1						
GUDERIAN FOODS COMPANY	ı						
1830 B STREET	ı	-					
ADA, OK 74820	ı						
	ı						
							4,307.45
Account No.	1		Trade Debt	П	П		
	1						
GYRUS ACMI LP	ı						
DEPT 0166	ı	-					
P O BOX 120166	ı						
DALLAS, TX 75312-0166	ı						
·							120.35
Account No.	╁		Trade Debt	H	H		
	1						
H D G	ı						
P O BOX 4591	ı	-					
HOUSTON, TX 77210-4591	ı						
	ı						
							294.99
Account No.	T	T	1/31/2011	H	П		
	1		Patient Refund/Overpayment on Account				
HADDOCK, ZELMA M	ı						
318 W Joy	ı	-				X	
Pauls Valley, OK 73075	ı						
[1	1					
							65.00
Sheet no. 32 of 82 sheets attached to Schedule of			S	Subt	ota	l	4 000 50
Creditors Holding Unsecured Nonpriority Claims			(Total of the	nis į	pag	e)	4,992.56

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COZH-ZGEZ	LLQUL	I S P U T E	AMOUNT OF CLA	JM
Account No.			Trade Debt	Ť	D A T E D			
HAMBRICK-FERGUSON INC P O BOX 470245 TULSA, OK 74147-0245		-			D		1,281.0)6
Account No.			Trade Debt			Г		
HARRISON - ORR AIR CONDITIONING 4100 N WALNUT STREET OKLAHOMA CITY, OK 73105		-						
							930.0)0
Account No. HARRY THOMPSON INC. 101 E PAUL AVE PAULS VALLEY, OK 73075		-	Trade Debt				72.5	53
Account No. HEALTH CARE SERVICE CORPORATION REFUND DEPT/CASH DISBURSEMENTS P O BOX 731431 DALLAS, TX 75373-1431		-	Trade Debt				91.1	18
Account No.			Trade Debt			Т		
HEALTHCARE MANAGEMENT SOLUTION P O BOX 721205 NORMAN, OK 73070		-					13,039.4	13
Sheet no33_ of _82_ sheets attached to Schedule of		•		Subt	ota	ıl	15,414.2	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)) 15,414.2	.0

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U	D		
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	N G	UNLIQUIDAT	T F	A	AMOUNT OF CLAIM
Account No.			Trade Debt		T E D			
HEALTHCHOICE P O BOX 24870 OKLAHOMA CITY, OK 73075		-			D		_	50.98
Account No.			Trade Debt	П				
HEALTHLAND DEPT 2384 P O BOX 122384 DALLAS, TX 75312-2384		-						20.422.44
	L			Ш	L		┷	20,432.11
Account No. HEALTHTECH SOLUTIONS GRP LLC 405 DUKE DRIVE SUITE 210 FRANKLIN, TN 37067		_	Trade Debt					3,966.66
Account No.			Trade Debt	П			T	
HENDERSON COFFEE P O BOX 175 MUSKOGEE, OK 74402		-						1,910.20
Account No.			11/30/2010	П			T	
HENDERSON, DENISE M 29102 E CR 1650 Elmore City, OK 73433		-	Patient Refund/Overpayment on Account			x	, , , , , , , , , , , , , , , , , , ,	56.00
Sheet no. 34 of 82 sheets attached to Schedule of	_		<u> </u>	Subt	ota	<u>. </u>	+	
Creditors Holding Unsecured Nonpriority Claims			(Total of t					26,415.95

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

	I c	Ни	sband, Wife, Joint, or Community	I c	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	ONL-QU-DATE	Lι	AMOUNT OF CLAIM
Account No.	1		Trade Debt		E D		
HENRY SCHEIN INC DEPT CH 10241 PALATINE, IL 60055-0241		-					47.277.22
Account No.	╁		9/1/2010 Patient Refund/Overpayment on Account				17,277.33
HERRIN, VIRGINIA 1740 S Walnut Pauls Valley, OK 73075		-	Tallett Returnatoverpayment on Account			x	
							20.00
Account No. HERRIN, VIRGINIA 1740 S Walnut Pauls Valley, OK 73075		-	1/31/2011 Patient Refund/Overpayment on Account			х	
							20.00
Account No.	1		Trade Debt				
HILL-ROM P O BOX 643592 PITTSBURGH, PA 15264-3592		-					
Account No.	╁		Trade Debt				893.66
HOBART SERVICE P O BOX 2517 CAROL STREAM, IL 60132-2517		-					
							113.00
Sheet no. <u>35</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			18,323.99

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

					_	_	
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		U N L	P	
MAILING ADDRESS INCLUDING ZIP CODE,	C O D E B T O R	H W	DATE CLAIM WAS INCURRED AND	CONT	11	I D	
AND ACCOUNT NUMBER	B	J	CONSIDERATION FOR CLAIM. IF CLAIM	N	Q	U T E	AMOUNT OF CLAIM
(See instructions above.)	R	С	IS SUBJECT TO SETOFF, SO STATE.	N G E N	חו	חו	1
Account No.			Trade Debt	Ť	A T E D		
				H	10	┢	-
HOLOGIC 24506 NETWORK PLACE		-					
CHICAGO, IL 60673-1245							
							832.50
Account No.			Trade Debt				
HOSPIRA WORLDWIDE INC							
ACCT # 50329283		-					
75 REMITTANCE DRIVE SUITE 6136							
CHICAGO, IL 60675-6136							
							1,160.95
Account No.			Trade Debt				
LILIDDI E AND ACCOUNTED INC							
HURDLE AND ASSOCIATES INC 2326 MYRTLE SPRINGS AVE		_					
DALLAS, TX 75220							
							1,750.00
Account No.			1/31/2011				
	1		Patient Refund/Overpayment on Account				
HYDEN, KATHILEEN K P O Box 305		_				$ _{\mathbf{x}}$	
Lindsay, OK 73433						ļ^`	`
							30.41
Account No.			Trade Debt	Ī	Г	Г	
ID VII I E							
ID-VILLE 5376 52ND ST SE		_					
GRAND RAPIDS, MI 49512							
							87.50
Sheet no. 36 of 82 sheets attached to Schedule of				Subt	tota	ı1	2 964 26
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	3,861.36

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

	1	ш	sband, Wife, Joint, or Community	<u></u>	U	D	I
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COZHLZGEZ	ONLIGUIDATE	Lι	AMOUNT OF CLAIM
Account No.	1		Trade Debt	T	E D		
IMMUCOR, INC P O BOX 102118 ATLANTA, GA 30368-2118		-					632.58
Account No.	╀		11/30/2010				032.30
INCE, PAULINE A P O Box 463 Lindsay, OK 73052		-	Patient Refund/Overpayment on Account			x	
							112.12
Account No. INFORMATION SOLUTIONS 326 A-1 N BLOOMINGTON LOWELL, AR 72745		-	Trade Debt				2,214.50
Account No.	╁		Trade Debt				2,214.00
ING LIFE INSURANCE AND ANNUITY COMPANY P O BOX 2215 NEW YORK, NY 10116-2215		-					3,858.03
Account No.	\dagger	\vdash	Trade Debt	+			-,
INGENIX P O BOX 88050 CHICAGO, IL 60680-1050		-					1,299.99
Sheet no37_ of _82_ sheets attached to Schedule of			I	Sub	tota	ıl	0 447 22
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	8,117.22

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No
_	Pauls Valley General Hospital	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Ç	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C 1 M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	ΙQ	SPUTED	AMOUNT OF CLAIM
Account No.	1		Trade Debt		E		
INSURANCE ONE 205 S CHICKASAW PAULS VALLEY, OK 73075		-			D		30.00
Account No.			Trade Debt	П			
INTEGRA LIFE SCIENCES CORP 311 ENTERPRISE DRIVE PLAINSBORO, NJ 08536		-					760.18
	┖			ot	ot		760.16
Account No. INTEGRIS MEDICAL SUPPLY 4120 NORTH PORTLAND OKLAHOMA CITY, OK 73112		_	Trade Debt				4,250.00
Account No.			Trade Debt				
INTELEMED 6976 D HIGHWATER CIRCLE EDMOND, OK 73034-6542		-					13,602.27
Account No.	t		Trade Debt	T	T		
INTERNATIONAL INSTITUTE LANGUAGE SERVICES 3654 S GRAND BLVD ST LOUIS, MO 63118		-					59.40
Sheet no. 38 of 82 sheets attached to Schedule of				Subt	tota	1	40.704.05
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	e)	18,701.85

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In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

CDEDITORIC NAME	С	Hu	sband, Wife, Joint, or Community	C	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	OD E B T O R	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTINGEN	LQU	I S P U T E D	AMOUNT OF CLAIM
Account No.			Trade Debt	Т	E D		
ITC P O BOX 674441 DETROIT, MI 48267-4441		-					419.80
Account No.	╁		Trade Debt	+			
IVANS INC P O BOX 850001 ORLANDO, FL 32885-0033		-					
	4			\downarrow			62.00
Account No. J & J HEALTH CARE SYSTEMS P O BOX 406663 ATLANTA, GA 30384		-	Trade Debt				36,092.30
Account No.	╁		Trade Debt	+			,
J-4 CONTRACTING & DUNN PLUMB'G 110 DIFFIE LANE PAULS VALLEY, OK 73075		-					510.00
Account No.	╁	\vdash	Trade Debt	+	+	\vdash	3.0.00
JACK'S RX P O BOX 217 MAYSVILLE, OK 73057		-					30,143.12
Charten 20 of 82 about the leader S. I. I.	f.				ta.t	1	30,143.12
Sheet no. 39 of 82 sheets attached to Schedule o Creditors Holding Unsecured Nonpriority Claims	1		(Total o	Sub f this			67,227.22

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

	_		shand Wife laint or Community			D	
CREDITOR'S NAME,	СОДШВНОК		sband, Wife, Joint, or Community	C O N T	ΓZC	1	
MAILING ADDRESS	E	Н	DATE CLAIM WAS INCURRED AND	I N	II I	S P	
INCLUDING ZIP CODE,	В	W J	CONSIDERATION FOR CLAIM. IF CLAIM		_ Q D	U T E	AMOUNT OF CLAIM
AND ACCOUNT NUMBER (See instructions above.)	ò	C	IS SUBJECT TO SETOFF, SO STATE.	Ğ	HI	Ė	AMOUNT OF CLAIM
	R			NGENT	DATED	D	
Account No.			Trade Debt	Т	T E		
	1				D		
JACKSON BOILER AND TANK CO.							
P O BOX 18824		-					
OKLAHOMA CITY, OK 73154							
							4,016.72
	L						4,010.72
Account No.			Trade Debt				
JACKSON NURSE PROFESSIONALS							
LLC		-					
P O BOX 404118							
ATLANTA, GA 30384-4118							
,							5,590.00
							3,330.00
Account No.			Trade Debt				
JAVA TIME							
201 BOWLING DRIVE		-					
PAULS VALLEY, OK 73075							
,							
							570.65
							0.000
Account No.			Trade Debt				
JOHNSTON & BRYANT							
P O BOX 1564		-					
ADA, OK 74820							
							27,800.66
Account No.	\vdash	H	Trade Debt	+	Н		
Account 140.	l		Trade Debt				
IOUNETONE CURRI V							
JOHNSTONE SUPPLY		_					
BOX 82129							
OKLAHOMA CITY, OK 73148-0129							
							1,241.32
Sheet no. 40 of 82 sheets attached to Schedule of	_	•		Subt	ota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				39,219.35

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

	С		shand Wife Islant on Community	16	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COXHLXGEX	L Q	SPUTED	AMOUNT OF CLAIM
Account No.	1		Trade Debt	T	E D		
K-MED 4606 MOORLAND COURT SUGAR LAND, TX 77479		-					956.02
Account No.	╁	-	Trade Debt		\vdash	H	
K-TOWN CONSULTING BOX 232 KONAWA, OK 74849		-					
							7,290.00
Account No. KCI USA P O BOX 203086 HOUSTON, TX 77216-3086	-	-	Trade Debt				2,418.67
Account No. KELLER, ANGELA A 203 E Jefferson Pauls Valley, OK 73075		_	11/30/2010 Patient Refund/Overpayment on Account			x	6,035.20
Account No. KENNETH MICHAEL & ASSOC LLC 500 NORTH WESTSHORE BLVD SUITE 1050 TAMPA, FL 33609		_	Trade Debt				8,000.00
Sheet no. <u>41</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			24,699.89

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

				_	_	_	_
CREDITOR'S NAME,		Hu	sband, Wife, Joint, or Community		U N L	P)
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONFINGEN	- QU - C	P U T E D	AMOUNT OF CLAIM
Account No.			Trade Debt	T	A T E D		
KFXT SOLID GOSPEL 1101 N HWY 81 MARLOW, OK 73055		-			D		3,720.00
Account No.			Trade Debt	П			
KINETIC THERAPY SERVICE 15269 CR 3610 ADA, OK 74820		-					
							1,970.00
Account No. KING, DEE L c/o Richard King Rt 3 Box 213A Lindsay, OK 73052		-	9/1/2010 Patient Refund/Overpayment on Account			x	X 40.00
Account No.			11/30/2010	+	T	T	
KING, DEE L c/o Richard King Rt 3 Box 213A Lindsay, OK 73052		-	Patient Refund/Overpayment on Account			x	40.00
Account No.	t		Trade Debt	T	\vdash	T	
KIXO KIX-106 1101 HWY 81 N MARLOW, OK 73055	-	-					12,157.50
Sheet no. 42 of 82 sheets attached to Schedule of				Subt	tota	1	47.007.50
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	17,927.50

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In re	Pauls Valley Hospital Authority d/b/a	(Case No.
	Pauls Valley General Hospital		

				-		_	1
CREDITOR'S NAME,	CODEBTO	Hu	sband, Wife, Joint, or Community	CONT	UNLI	D	
MAILING ADDRESS	D	Н	DATE CLAIM WAS INCURRED AND	N	Ļ	S P	
INCLUDING ZIP CODE,	B	W	CONSIDERATION FOR CLAIM. IF CLAIM	ΙĹ	Q U	υ	
AND ACCOUNT NUMBER	0	C	IS SUBJECT TO SETOFF, SO STATE.	I N	١'n	U T E	AMOUNT OF CLAIM
(See instructions above.)	Ř	١	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I N G E N	חו	D	
Account No.			Trade Debt	Ť	A T E D		
	l				В	_	
KONE INC	l						
P O BOX 429	l	-					
MOLINE, IL 61266-0429	l						
	l						
	L						2,978.30
Account No.	1		Trade Debt				
KBONOO	l						
KRONOS	l						
P O BOX 845748	l	-					
BOSTON, MA 02284-5748	l						
	l						
							4,613.14
Account No.			Trade Debt				
KRUEGER INC	l						
P O BOX 18715	l	-					
OKLAHOMA CITY, OK 73154-0715	l						
	l						
							220.17
Account No.	t		Trade Debt				
	1						
LAERDAL MEDICAL CORP	l						
P O BOX 8500-53168	l	-					
PHILADELPHIA, PA 19178-3168	l						
	l						
							909.74
Account No.	✝	H	Trade Debt	+		\vdash	
	1						
LEADING AGE OKLAHOMA	I						
P O BOX 1383	l	l-					
EL RENO, OK 73036	1	1			l		
LE KENO, OK 70000	l						
	1	1					1,044.63
							1,044.03
Sheet no. 43 of 82 sheets attached to Schedule of				Sub			9,765.98
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	e)	3,703.36

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In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

				_	_	—	1
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Ç	U	P	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C 1 M	IS SUBJECT TO SETOFF, SO STATE.	COXF_XGEX	QULD	P U T E	AMOUNT OF CLAIM
Account No.			Trade Debt	Т	A T E D		
LEGACY DRUG INC 111 W GRANT AVE PAULS VALLEY, OK 73075		-			D		7.99
Account No.			Trade Debt			Г	
LIFECARE HEALTH SERVICES, LLC 4013 NORTHWEST EXPRESSWAY STE 575 OKLAHOMA CITY, OK 73116		-					
							246.05
Account No.	t		Trade Debt	T	T	Т	
LINDSAY MUNICIPAL HOSPITAL P O BOX 888 LINDSAY, OK 73052		-					142.80
Account No.	┢		Trade Debt	\vdash	┢	┢	
LOCKE SUPPLY CO P O BOX 24980 OKLAHOMA CITY, OK 73124-0980		-					390.07
Account No.	T		1/31/2011	\Box	T	Г	
LOGAN, AVIS Y 9969 Ketner Rd Wynnewood, OK 73098		-	Patient Refund/Overpayment on Account			x	119.24
Sheet no. 44 of 82 sheets attached to Schedule of	_			Subt	tota	 .1	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	906.15

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

	T _C	Ни	sband, Wife, Joint, or Community	I c	Ιυ	D	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	ONLIQUIDATE	I i	AMOUNT OF CLAIM
Account No.	1		1/31/2011 Patient Refund/Overpayment on Account	'	Ė		
LOGAN, AVIS Y 9969 Ketner Rd Wynnewood, OK 73098		-	anon no ana oro paymon on noosan			х	
Account No.	╀		Trade Debt				20.00
LOGICAL BUILDING SOLUTIONS INC 3432 LAKESIDE DRIVE OKLAHOMA CITY, OK 73179		-					
							1,173.58
Account No. LUCKINBILL, INC. 304 EAST BROADWAY ENID, OK 73701		-	Trade Debt				846.45
Account No.	╁		Trade Debt				
MAC SYSTEMS INC P O BOX 27665 TULSA, OK 74149		-					108.00
Account No.	+		Trade Debt				
MAINE STANDARDS COMPANY 765 ROOSEVELT TRAIL WINDHAM, ME 04062		-					304.05
Sheet no. 45 of 82 sheets attached to Schedule of	_	1		Sub	tota	ıl	0.450.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	2,452.08

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

CREDITOR'S NAME,	υC	Hu	sband, Wife, Joint, or Community	CC	U	D		
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	N	Q U	T F	1	OUNT OF CLAIM
Account No.			Trade Debt	T	l E I			
MARK 5 CARE GROUP P O BOX 118 MUSTANG, OK 73064		-			D			34,538.31
Account No.			Trade Debt					
MASIMO AMERICAS INC P O BOX 51210 LOS ANGELES, CA 90051-5510		-						
								287.33
Account No. MCCURLEY, CODY M 33877 E Pvt 1625 Drive Pauls Valley, OK 73075		-	11/30/2010 Patient Refund/Overpayment on Account			x		60.00
Account No.			9/1/2010		П			
MCELVANY, HAZEL M P O Box 175 El Reno, OK 73036		-	Patient Refund/Overpayment on Account			x		18.34
Account No.			11/30/2010	\Box	П			
MCELVANY, HAZEL M P O Box 175 El Reno, OK 73036		-	Patient Refund/Overpayment on Account			x		18.34
Sheet no. 46 of 82 sheets attached to Schedule of	_	_	<u> </u>	Subt	ota	<u>—</u> 1	\vdash	
Creditors Holding Unsecured Nonpriority Claims			(Total of t					34,922.32

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Č	Ü	D	, [
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	ΙQ	U T E		AMOUNT OF CLAIM
Account No.			Trade Debt	T	E			
MCKESSON MCKESSON TECHNOLOGIES INC. P O BOX 98347 CHICAGO, IL 60693-8347		-			D			571,611.78
Account No.		Г	Trade Debt		Т	Г	Ī	
MCKESSON HEALTH SOLUTIONS 22423 NETWORK PLACE CHICAGO, IL 60673-1224		-						4,403.63
Account No.	╁	╁	Trade Debt		╁	╁	+	
MCKESSON MEDICAL SURGICAL INC. P.O. BOX 933027 ATLANTA, GA 31193		-						1,320.30
Account No.	Ī	T	1/31/2011		T	Г	Ť	
MCLIN, RICK 24615 E CR 1610 Elmore City, OK 73433		-	Patient Refund/Overpayment on Account			x	C	150.00
Account No.	T	T	Trade Debt		T	T	†	
MCNEIL & COMPANY INC P O BOX 28 ONEIDA, NY 13421		_						765.61
Sheet no. 47 of 82 sheets attached to Schedule of	_			Sub	tota	ıl	†	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ze)	1	578,251.32

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

	1.	1		-		_	1
CREDITOR'S NAME,	CODEBTO	Hu	sband, Wife, Joint, or Community		UNLI	D I	
MAILING ADDRESS	D	н	DATE CLAIM WAS INCURRED AND	N	Ļ	S P	
INCLUDING ZIP CODE,	B	w	CONSIDERATION FOR CLAIM. IF CLAIM	Hį.	Q U	įυ	
AND ACCOUNT NUMBER	0	C	IS SUBJECT TO SETOFF, SO STATE.	G	ľ	U T E	AMOUNT OF CLAIM
(See instructions above.)	R	ľ	, in the second	CONTINGEN	חו	D	
Account No.			Trade Debt	٦т	A T E D		
	1				D		
MED MANAGEMENT LLC							
1500 URBAN CENTER DRIVE STE 325		-					
VESTAVIA HILLS, AL 35242							
							5,885.00
Account No.			Trade Debt				
MED-PASS INC							
L-3495		-					
COLUMBUS, OH 43260-0001							
							132.92
Account No.	Ī		Trade Debt				
	1						
MEDI-SOL, LLC							
P.O. BOX 7736		-					
EDMOND, OK 73083							
							6,244.37
Account No.	Ī		Trade Debt				
	1						
MEDICAL ARTS PRESS							
P O BOX 37647		-					
PHILADELPHIA, PA 19101-0647							
	l						123.96
Account No.	T		Trade Debt	1			
	1						
MEDICAL SOLUTIONS	ı				l		
9101 WESTERN AVE SUITE 101		-					
OMAHA, NE 68114	1						
_							
	1						50,008.28
						<u>L</u>	30,000.20
Sheet no. 48 of 82 sheets attached to Schedule of				Sub			62,394.53
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	e)]

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

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CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		U N L	P	1	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONFINGEN	I QU I D	PUTED		AMOUNT OF CLAIM
Account No.	✝	T	Trade Debt	∀	A T E			
MEDLINE INDUSTRIES, INC. DEPT 1080 P O BOX 121080 DALLAS, TX 75312-1080		-			D			110.34
Account No.			Trade Debt	Т	Т	Т	T	
MEDMARC COMPANY 415 NORTH MAIN STREET NO. 106 EULESS, TX 76039		-						331.24
	╀			ot	퇶	퇶	丄	
Account No. MEDRAD INC P O BOX 360172 PITTSBURGH, PA 15251-6172		-	Trade Debt					688.91
Account No.			Trade Debt	T	T	T	T	
MEDTOX LABORATORIES NW 8939 P O BOX 1450 MINNEAPOLIS, MN 55485-8939		-						870.35
Account No.	t		Trade Debt	T	\vdash	t	+	
MEDTRONIC USA INC P O BOX 848086 DALLAS, TX 75284-8086		_						252.00
Sheet no. 49 of 82 sheets attached to Schedule of				Sub	tota	ıl	T	2 252 94
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)		2,252.84

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In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

	-			1.		_	·
CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community	6	U Z L L	D	
MAILING ADDRESS	ODEBTO	Н	DATE CLAIM WAS INCURRED AND	N T	L	S P	
INCLUDING ZIP CODE, AND ACCOUNT NUMBER	ВТ	W	CONSIDERATION FOR CLAIM. IF CLAIM	I N	QU	U T E	AMOUNT OF CLAIM
(See instructions above.)	O R	С	IS SUBJECT TO SETOFF, SO STATE.	N G E N	ľ	Ē	7 AMOUNT OF CLASS
Account No.	Ë		Trade Debt	۱ ۲	D A T E	0	
	ł				D		
MERCY HEALTH							
CNTR/TRANSCRIPT'N		-					
COST CNTR 4011 117870 624020							
4300 W MEMORIAL RD							
OKLAHOMA CITY, OK 73120							23,215.95
	_		T 1 D 1	-	H		20,2:0:00
Account No.			Trade Debt				
MERCY MEMORIAL HEALTH CNTR							
PTS		l_					
P O BOX 504498							
ST LOUIS, MO 63150							
ST LOUIS, MO 03130							0.400.00
							3,136.23
Account No.			Trade Debt				
MERRITT HAWKINS & ASSOCIATES							
P O BOX 281943		-					
ATLANTA, GA 30384-1943							
							7,888.65
Account No.			Trade Debt				
	1						
MET-TEL							
P O BOX 9660		-					
MANCHESTER, NH 03108-9660							
							415.63
Account No.			Trade Debt		П		
	1						
METTLER ELECTRONICS CORP							
1333 SOUTH CLAUDINA STREET		-					
ANAHEIM, CA 92805							
	l						2,019.58
Shoot no. 50 of 92 shoots attached to Sahadula of			<u> </u>	Sub	tota	1	
Sheet no. <u>50</u> of <u>82</u> sheets attached to Schedule of							36,676.04
Creditors Holding Unsecured Nonpriority Claims			(Total of t	nıs	pag	e)	·

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

					_	_		
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U N L	P		
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONFLEGEN	- QU - C	PUTED	A	AMOUNT OF CLAIM
Account No.			Trade Debt	T	A T E D			
MIDLAND GROUP P O BOX 229161 SHAWNEE MISSION, KS 66201		-			D			73,739.88
Account No.			Trade Debt					
MILLIPORE CORPORATION 2736 PAYSPHERE CIRCLE CHICAGO, IL 60674		-						3,026.12
Account No.	┡		Trade Debt	╄	╄	Ļ	lacksquare	
MITCHELL CHARLES 200 MELVILLE DRIVE PAULS VALLEY, OK 73075		-	Trade Dest					76,577.11
Account No.			1/31/2011					
MITCHELL, JOHNANNA 434 Mohawk Pauls Valley, OK 73075		-	Patient Refund/Overpayment on Account			x	,	21.53
Account No.	t		Trade Debt	T	\vdash	T	T	
MOBILE MEDIA INC P O BOX 202008 MINNEAPOLIS, MN 55420-9800	-	-						1,004.00
Sheet no. 51 of 82 sheets attached to Schedule of	_			Subt	tota	<u>. </u>	\top	4540000
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)		154,368.64

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In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	G E N	a – c	T E	AMOUNT OF CLAIM
Account No.			Trade Debt	Т	Ā T E		
MOORE JOHN STEVEN DBA: JOHN STEVEN MOORE, DO 103 PARK VIEW CIRCLE PAULS VALLEY, OK 73075		-			D		27,263.00
Account No.			Trade Debt				
MORRIS SYSTEMS INCORPORATED 5504 DEMOCRACY DRIVE STE 220 PLANO, TX 75024		-					
							1,288.00
Account No.			Trade Debt		П		
MSC INDUSTRIAL SUPPLY CO INC 75 MAXESS ROAD MELVILLE, NY 11747		-					466.78
Account No.	╁	┢	11/30/2010		Н		
MULLINS, JACK H 24183 N Pvt 3235 Drive Pauls Valley, OK 73075		-	Patient Refund/Overpayment on Account			x	18.44
Account No.	Γ		Trade Debt				
MXR OKLAHOMA CITY 4444 VIEWRIDGE AVE. SUITE A SAN DIEGO, CA 92123		-					582.51
Sheet no. <u>52</u> of <u>82</u> sheets attached to Schedule of	_	<u> </u>		Subt	ota	.1	22.212.55
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	29,618.73

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

	_	_				_	
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		U N L	P	2
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	I QU I D	PUTED	AMOUNT OF CLAIM
Account No.	T		Trade Debt	₹	A T E D		
NATUS MEDICAL INC P O BOX 39000 SAN FRANCISCO, CA 94139		-			D		2,972.41
Account No.			Trade Debt	T	Г		
NETSCRIPT (NETSCR) 235 CR 3520 CLARKSVILLE, AR 72830		-					
							15,473.04
Account No. NORMAN PHYSICIAN HOSP ORG LLC P O BOX 987 NORMAN, OK 73070		-	Trade Debt				25,853.58
Account No.			Trade Debt	T			
NORMAN REGIONAL HOSPITAL AUTH P O BOX 268961 OKLAHOMA CITY, OK 73126		-					168.52
Account No.	†		Trade Debt	+	T	T	
NURSEFINDERS P O BOX 910738 DALLAS, TX 75391-0738		_					18,079.06
Sheet no. 53 of 82 sheets attached to Schedule of				Sub	tota	ıl	62 546 64
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	paş	ge)	62,546.61

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In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

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CREDITOR'S NAME,	CODEBTO	Hu	sband, Wife, Joint, or Community		UNLI	D	
MAILING ADDRESS	P	Н	DATE CLAIM WAS INCURRED AND	N	ŀ	S P	
INCLUDING ZIP CODE,	B	w	CONSIDERATION FOR CLAIM. IF CLAIM	ТĹ	Q U	įυ	
AND ACCOUNT NUMBER	6	C	IS SUBJECT TO SETOFF, SO STATE.	G	ľ	U T E	AMOUNT OF CLAIM
(See instructions above.)	R	ľ		CONTINGENT	חו	D	
Account No.			Trade Debt	Т	A T E D		
	1				D	L	
NURSES PRN STAFFING INC							
615 N COMMERCE ST SUITE A		-					
ARDMORE, OK 73401-3940							
							343.84
Account No.			Trade Debt				
l							
O F M Q INC							
14000 QUAIL SPRINGS PKWY #400		-					
OKLAHOMA CITY, OK 73134							
							1,250.00
Account No.			Trade Debt				
	1						
OG&E							
BOX 24990		-					
OKLAHOMA CITY, OK 73124-0990							
							12,008.10
		_	T	\bot		L	12,000.10
Account No.	l		Trade Debt				
lauga.							
OHCA							
SHEPHERD MALL		-					
2401 N W 23RD ST SUITE 1A							
OKLAHOMA CITY, OK 73107							
							36.74
Account No.		T	Trade Debt				
	1						
OHERFT	1	1			1		
DEPT. #96-0298		-					
OKLAHOMA CITY, OK 73196-0298	1	1			1		
CREATIONIA OTTT, OR 70130 0230							
							250.00
							250.00
Sheet no. <u>54</u> of <u>82</u> sheets attached to Schedule of				Sub	tota	1	13,888.68
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	e)	13,000.00

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In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Ç	Ų	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTLNGENT	UNLIQUIDAT	U T F	AMOUNT OF CLAIM
Account No.			Trade Debt	Т	E		
OCCUPATIONAL PERFORMANCE CORP 519 S SANTA FE SALINA, KS 67401		-			D		192.50
Account No.			Trade Debt				
ODYSSEY HEALTH CARE 2 WEST MAIN STE 200 ARDMORE, OK 73401		-					
							8,693.50
Account No.			Trade Debt				
OFFICEMAX CONTRACT INC P O BOX 101705 ATLANTA, GA 30392-1705		-					2,379.86
Account No.	┢		Trade Debt				
OHCA PREMIUM ACCOUNT PREMIUM PAYMENT P O BOX 2038 OKLAHOMA CITY, OK 73101-2038		-				x	141,827.00
Account No.	t		Trade Debt	T			
OHH PHYSICIANS LLC ATTN: ACCT DEPARTMENT 3705 W MEMORIAL RD SUITE 702 OKLAHOMA CITY, OK 73134		_					4,194.00
Sheet no. <u>55</u> of <u>82</u> sheets attached to Schedule of	_			Subt	ota	1	4==
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his j	pag	e)	157,286.86

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In re	Pauls Valley Hospital Authority d/b/a	Case No
_	Pauls Valley General Hospital	

		_		-		-	1
CREDITOR'S NAME,	0	Hu	sband, Wife, Joint, or Community	CONT	UNLI	D	
MAILING ADDRESS INCLUDING ZIP CODE,	CODEBTO	H W		T	Ļ	S P	
AND ACCOUNT NUMBER	B	J	CONSIDERATION FOR CLAIM. IF CLAIM	I N	Q U	U T E	AMOUNT OF CLAIM
(See instructions above.)	O R	С	IS SUBJECT TO SETOFF, SO STATE.	N G E N	ח	E	
Account No.	T		Trade Debt	Image: Second control of the property of the pr	A T E D		
	1				D		
OK STATE/EDUCA GRP INS BOARD	l						
ACCOUNTING DEPT	l	-					
P O BOX 58010 OKLAHOMA CITY, OK 73157-8010	l						
OKEAHOMA OH 1, OK 10101 0010	l						56,361.32
A N	╀	-	Trade Dahi	-			30,301.32
Account No.	ł		Trade Debt				
OKLA STATE DEPT OF HEALTH							
100 VALLEY DRIVE	l	-					
PAULS VALLEY, OK 73075	l						
	l						2,173.06
Account No.	Ī		Trade Debt				
	1						
OKLAHOMA BLOOD INSTITUTE	l						
DEPT #96-0115	l	-					
OKLAHOMA CITY, OK 73196-0115	l						
							42,068.50
A AN	┞	-	Trade Dale	-			42,000.50
Account No.	1		Trade Debt				
OKLAHOMA HEART HOSPITAL							
P O BOX 268864	l	-					
OKLAHOMA CITY, OK 73126							
	l						363.10
Account No.	Ī		Trade Debt				
	1						
OKLAHOMA HOSPITAL ASSOCIATION	l						
4000 LINCOLN BLVD	l	-					
OKLAHOMA CITY, OK 73105							
							2 044 75
	<u> </u>						3,941.75
Sheet no. <u>56</u> of <u>82</u> sheets attached to Schedule of				Sub			104,907.73
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	e)	104,301.13

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In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

CDEDITODIC NAME	С	Hu	sband, Wife, Joint, or Community		C	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C 1 M	DATE CLAIM WAS INCURRED AN CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATI	AIM	ONTINGEN	LQU	S P U T	AMOUNT OF CLAIM
Account No.			Trade Debt		Т	T E D		
OKLAHOMAN P O BOX 268880 OKLAHOMA CITY, OK 73126-8880		-				D		52.57
Account No.	1		Trade Debt					0=101
OPTIMAL PHARMACEUTICALS INC 8406 NORTH MAGNOLIA AVENUE SUITE D SANTEE, CA 92071		-						
								120.95
Account No. OREILLY AUTO PARTS P O BOX 790098 ST LOUIS, MO 63179-0098		-	Trade Debt					183.96
Account No.	┪		Trade Debt					
ORTHOPAEDIC & SPORTS MEDICINE 825 E ROBINSON NORMAN, OK 73071		-						
Account No.	+	-	Trade Debt		+	_	_	165.00
OSAGE INDUSTRIES INC 6641 CHRISTOPHER DRIVE ST. LOUIS, MO 63129		-						
								360.14
Sheet no. <u>57</u> of <u>82</u> sheets attached to Schedule Creditors Holding Unsecured Nonpriority Claims	of		T)	otal of t		tota pag		882.62

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In re	Pauls Valley Hospital Authority d/b/a	Case No.
_	Pauls Valley General Hospital	

CREDITOR'S NAME, MAILING ADDRESS	C O D	Hu H	usband, Wife, Joint, or Community	COZ	U N L	D I S	
INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C N		T L N G E N	I QU I D	P U T E	AMOUNT OF CLAIM
Account No.			Trade Debt	Ť	A T E D		
OWENS & MINOR 760001696 P O BOX 841420 DALLAS, TX 75284-1420		-			<u> </u>		14,529.95
Account No.	┢	_	Trade Debt	\vdash			,
P V CHAMBER OF COMMERCE DRAWER 638 PAULS VALLEY, OK 73075		-					1,250.00
Account No.		\vdash	Trade Debt	\vdash			,
P V GENERAL HOSP FOUNDATION 100 VALLEY DRIVE PAULS VALLEY, OK 73075		-					365,290.00
Account No.	l		Trade Debt	\Box			
PANTHER ATHLETIC CLUB P O BOX 780 PAULS VALLEY, OK 73075		-					250.00
Account No.	T	\dagger	11/30/2010	\forall			
PARKS, JAMES A 15842 N CR 3130 Maysville, OK 73057		-	Patient Refund/Overpayment on Account			x	336.70
Sheet no. <u>58</u> of <u>82</u> sheets attached to Schedule of		_	5	Subt	ota	ıl	301 656 65
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his j	pag	ge)	381,656.65

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

CREDITOR'S NAME,	CO		sband, Wife, Joint, or Community	C O N T	U N L	D		
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	NTINGENT	ΙQ	U T E) [AMOUNT OF CLAIM
Account No.	1		Trade Debt		E			
PARTSSOURCE P O BOX 64564 CINCINNATI, OH 45264-5186		-						1,389.83
Account No.			Trade Debt		Г	T	T	
PATTERSON MEDICAL P O BOX 93040 CHICAGO, IL 60673-3040		-						320.38
Account No.	╁	╁	Trade Debt	+	╀	+	+	
PAUL H BROOKS PUBLISHING COMPANY P O BOX 10624 BALTIMORE, MD 21285-0624		-						313.50
Account No.	✝	T	Trade Debt	\dagger	T	T	Ť	
PAULS VALLEY ACE HARDWARE C/O ELK SUPPLY COMPANY P O BOX 1509 CLINTON, OK 73601		-						79.99
Account No.	t	t	Trade Debt	+	t	t	+	
PAULS VALLEY DEMOCRAT P O BOX 790 PAULS VALLEY, OK 73075		-						553.54
Sheet no59_ of _82_ sheets attached to Schedule of				Sub	tota	ıl	†	2,657.24
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pas	ze)	۱ (2,057.24

Case: 13-10791 Doc: 1 Filed: 03/01/13 Page: 74 of 98

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

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CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	၂င္က	υĸι	D	
MAILING ADDRESS	C O D E B T O R	н	DATE CLAIM WAS INCLIDED AND	HZOO	į: I	S	
INCLUDING ZIP CODE,	B	W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	111	-GD-	Įυ	
AND ACCOUNT NUMBER	O	C	IS SUBJECT TO SETOFF, SO STATE.	N I		E	AMOUNT OF CLAIM
(See instructions above.)	Ř		,	E N	ו חו	D	
Account No.			Trade Debt	⊤	A T E D		
	1				D	L	
PAULS VALLEY HOSP AUXILIARY						İ	
100 VALLEY DRIVE		-				İ	
PAULS VALLEY, OK 73075	l						
							1,535.85
Account No.			Trade Debt		П		
	1						
PAULS VALLEY ROTARY CLUB						İ	
P O BOX 3		-				İ	
PAULS VALLEY, OK 73075						İ	
						İ	
							155.50
Account No.	t		Trade Debt	\forall	Н		
	1					İ	
PEPSI BEVERAGES COMPANY						İ	
P O BOX 1218		-				İ	
ADA, OK 74820						İ	
						İ	
							584.70
Account No.	╁		Trade Debt	H	Н	H	
The same is a	ł		1.440 200				
PERFORMANCE PHARMACY						İ	
SYSTEMS		-				İ	
5614 36TH AVE NORTH						İ	
ST. PETERSBURG, FL 33710						İ	
<u>'</u>							1,259.81
Account No.	⊢	\vdash	9/1/2010	\vdash	Н	\vdash	
recount 110.	ł		Patient Refund/Overpayment on Account				
PERRY, RONNIE C	1	1					
1101 N Taylor		l_				X	
Wynnewood, OK 73098						 ^ `	
Trynnewood, OK 73030	1						
							20.00
	_				Ш	L	20.00
Sheet no. 60 of 82 sheets attached to Schedule of				Subt			3,555.86
Creditors Holding Unsecured Nonpriority Claims			(Total of t	nis 1	pag	(e)]

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

	I c	ш,,	sband, Wife, Joint, or Community	Ic	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	ONLIGUIDATE	S P	AMOUNT OF CLAIM
Account No.	1		11/30/2010 Patient Refund/Overpayment on Account	'	Ė		
PERRY, RONNIE C 1101 N Taylor Wynnewood, OK 73098		-	Tallon Roland Overpayment on Account			х	
							20.00
Account No.			1/31/2011 Patient Refund/Overpayment on Account				
PERRY, RONNIE C 1101 N Taylor Wynnewood, OK 73098		-				x	
							15.01
Account No.			Trade Debt				
PHILADELPHIA INSURANCE COS. P O BOX 70251 PHILADELPHIA, PA 19176-0251		-					
							3,501.00
Account No.	1		Trade Debt				
PHILIPS HEALTHCARE P O BOX 100355 ATLANTA, GA 30384-0355		-					
Account No.			Trade Debt				4,775.22
PHILIPS MEDICAL SYSTEMS PHILIPS HEALTHCARE P O BOX 100355 ATLANTA, GA 30384-0355		-					1,140.75
Sheet no. 61 of 82 sheets attached to Schedule of		<u> </u>		Sub	tota	1	,
Creditors Holding Unsecured Nonpriority Claims			(Total of				9,451.98

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

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CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Ç	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COXH_XGEX	コスコーのコー	SPUTE	AMOUNT OF CLAIM
(See instructions above.)	Ř		15 5 5 5 5 5 1 1 7 5 5 1 1 1 1 2 1	E	ו חו	Ď	
Account No.			Trade Debt	Ť	A T E D		
	1				Ď	L	
PHYSICIANS AND SURGEONS						İ	
200 MELVILLE DR		-				İ	
PAULS VALLEY, OK 73075							
							14,910.56
Account No.			Trade Debt	Т	П		
	1						
PHYSIO-CONTROL, INC.							
12100 COLLECTIONS CENTER DRIVE		-					
CHICAGO, IL 60693							
							1,517.96
Account No.			Trade Debt	Т	Г	Г	
	1					İ	
PITNEY BOWES INC (SUPPLIES)						İ	
P O BOX 371896		-				İ	
PITTSBURG, PA 15250-7896						İ	
l ·							
							158.08
Account No.	t		Trade Debt	T	Т		
	1						
PITNEY BOWES POSTAGE BY PHONE						İ	
C/O PURCHASE POWER		-				İ	
P O BOX 371874						İ	
PITTSBURG, PA 15250-7874						İ	
							3,762.19
Account No.	T	T	10/31/2010	Т	Г	Г	
	1		Patient Refund/Overpayment on Account				
POPE, CHARLA J						İ	
405 S W 4th		-				X	
Lindsay, OK 73052	I						
	I						
							260.40
Sheet no. 62 of 82 sheets attached to Schedule of		•		Subt	ota	1	20.000.42
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	e)	20,609.19

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

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CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	CC	U	P		
MAILING ADDRESS	Ď	н	DATE CLAIM WAS INCURRED AND	C O N T	UNLL	S	3	
INCLUDING ZIP CODE, AND ACCOUNT NUMBER	B	W J	CONSIDERATION FOR CLAIM. IF CLAIM	11	Q U	Ū T	!	AMOUNT OF CLAIM
(See instructions above.)	CODEBTOR	С	IS SUBJECT TO SETOFF, SO STATE.	NGENT	H	I F	: 1	AMOUNT OF CLAIM
Account No.	╫	┢	11/30/2010	N T	D A T	ا	-	
Account No.	ł		Patient Refund/Overpayment on Account		Ė			
POPE, MARY J								
729 N Oak	l	-				X	(
Pauls Valley, OK 73075								
								24.97
Account No.	┢		Trade Debt	-		┞	+	24.01
Account No.	ł		Trade Debt					
POSEY COMPANY	l							
5635 PECK ROAD	l	-						
ARCADIA, CA 91006								
								173.90
Account No.			9/1/2010				T	
	1		Patient Refund/Overpayment on Account					
POYNER, ROGER A	l					l.	,	
31901 E CR 1590	l	-				X	Y	
Pauls Valley, OK 73075								
								25.00
Account No.	╀		11/30/2010	-		-	+	20.00
Account No.	ł		Patient Refund/Overpayment on Account					
POYNER, ROGER A	l							
13901 E CR 1590	l	-				x	⟨	
Pauls Valley, OK 73075								
								25.00
Account No.			Trade Debt				7	
PREMIUM FINANCING SPECIALISTS	l							
P O BOX 35408		ľ						
TULSA, OK 74153	l							
								18,260.75
Shark to C2 of C2 of C3		<u> </u>		31 -		<u>L</u>	+	
Sheet no. 63 of 82 sheets attached to Schedule of				Subt				18,509.62
Creditors Holding Unsecured Nonpriority Claims			(Total of t	nis j	pag	ge)	L	·

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

	_			_	—		—	
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		U N L	D	1	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	I QU I D	SPUTED		AMOUNT OF CLAIM
Account No.	┚		Trade Debt	Т	A T E			
PRIMARY PHARMACEUTICALS 1019 GOVERNMENT ST. SUITE E OCEAN SPRINGS, MS 39564		-			D			743.08
Account No.			Trade Debt	T	Т		T	
PRINTER WORKS C/O MARBLE BRIDGE FUNDING GRP INC P O BOX 8195 WALNUT CREEK, CA 94596		_						297.00
Account No.	t		Trade Debt	+	\vdash	T	t	
PSA CONSULTING ENGINEERS, INC 3031 N.W. 64TH STREET STE 101 OKLAHOMA CITY, OK 73116		-						4,117.65
Account No.			Trade Debt	T	Т		T	
PURCELL MUNICIPAL HOSPITAL P O BOX 511 PURCELL, OK 73080-1699		-						27.62
Account No.	╁	\vdash	Trade Debt	+	\vdash	H	+	
PURCELL REGISTER P O BOX 191 PURCELL, OK 73080		-						28.00
Sheet no. 64 of 82 sheets attached to Schedule of			,	Sub	tota	ıl	T	E 242.25
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)		5,213.35

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
_	Pauls Valley General Hospital	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	Ç	Ų	D		
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	ΙQ	S P U T E		AMOUNT OF CLAIM
Account No.	┛		Trade Debt	T	E			
PVGH LABORATORY SERVICES 100 VALLEY DRIVE PAULS VALLEY, OK 73075		-			D			89.90
Account No.			Trade Debt	Т			T	
QUADRAMED DEPT LA 23665 PASADINA, CA 91185-3665		-						
								5,066.86
Account No. R S V P ANSWERING SERVICES 501 WEST EDMOND RAOD EDMOND, OK 73003-5622		-	Trade Debt					546.00
Account No. RADIOLOGY SERVICES OF ARDMORE P O BOX 518 ARDMORE, OK 73402		-	Trade Debt					
								95.00
Account No. RAYS 10901 W TOLLER DRIVE SUITE 105 LITTLETON, CO 80127		-	Trade Debt					5,180.00
Sheet no. <u>65</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub				10,977.76
Creditors holding Unsecured Nondrionity Claims			(10tal of t	JIIS	υas	e)	- 1	

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

						_	_	
CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community	CO	U N	D	١	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	U U U U	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	L I QU I DAT	DISPUTED	:	AMOUNT OF CLAIM
Account No.			Trade Debt	Т	E			
REAVIS DME ATTN: DME P O BOX 1220 PAULS VALLEY, OK 73075		-			D			64,586.54
Account No.			Trade Debt				T	
REAVIS SUPER DRUG BOX 1220 PAULS VALLEY, OK 73075		-						
						L	\perp	31,862.23
Account No. REAVIS, P O Box 1220 Pauls Valley, OK 73075		-	8/31/2010 Patient Refund/Overpayment on Account			x	(25.74
Account No.		T	8/31/2010		T		Ť	
REAVIS, P O Box 1220 Pauls Valley, OK 73075		-	Patient Refund/Overpayment on Account			x	(30.06
Account No.	T	T	Trade Debt		T	T	†	
RELY ON REHAB PC. 1114 GROVER LANE NORMAN, OK 73069		_						1,266.52
Sheet no66_ of _82_ sheets attached to Schedule of			,	Sub	tota	ıl	†	07 774 00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	nag	re)	П	97,771.09

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In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

	T _C	Ни	sband, Wife, Joint, or Community	Tc	Ιυ	D	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT		I S P	AMOUNT OF CLAIM
Account No.	-		Patient Refund/Overpayment on Account	'	Ė		
REYNOLDS, WYNONA V 202 Larry Lane # B9 Pauls Valley, OK 73075		-	, and the same of			х	
Account No.	+		Trade Debt	<u> </u>			72.96
RF TECHNOLOGIES, INC. P O BOX 1170 MILWAUKEE, WI 53201-1170		-					
	┸			ot			1,319.31
Account No. RICHARD WOLF MEDICAL INSTRUMENTS 353 CORPORATE WOODS PARKWAY VERNON HILLS, IL 60061		-	Trade Debt				2,216.60
Account No.	†		Trade Debt	T			
RNA MEDICAL ATTN: ACCTS RECEIVABLE 7 JACKSON ROAD DEVENS, MA 01434-4026		-					338.00
Account No.	+		11/30/2010	+	\vdash		
ROBINSON, MARGARET A 305 East Lindsey Elmore City, OK 73433		-	Patient Refund/Overpayment on Account			x	60.00
Sheet no. _67 _ of _82 _ sheets attached to Schedule or	 f			Subt	tota	ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				4,006.87

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	U C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTLNGEN	UNLIQUIDA	I S P U T E D	AMOUNT OF CLAIM
Account No.			Trade Debt	T	D A T E		
SA-SO 525 N GREAT SOUTHWEST PKWY ARLINGTON, TX 76011		-			D		40440
Account No.			1/31/2011 Patient Refund/Overpayment on Account				134.12
SANCHEZ, DOMITILA P Rt 3 Box 17A Pauls Valley, OK 73075		-	allent Nerund/Overpayment on Account			x	
							35.00
Account No.			Trade Debt				
SARA LEE BAKERY GRP/EARTHGRAIN P O BOX 4412 BRIDGETON, MO 63044-4412		-					460.59
Account No.	-		Trade Debt				400.33
SAVAGE SPORTS BOOSTERS P O BOX 623 WYNNEWOOD, OK 73098		-					
Account No.			1/31/2011				445.00
SCOTT, DAWN L P O Box 298 Elmore City, OK 73433		_	Patient Refund/Overpayment on Account			x	
							250.00
Sheet no. <u>68</u> of <u>82</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		<u> </u>	(Total of	Subt			1,324.71

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In re	Pauls Valley Hospital Authority d/b/a	(Case No.
	Pauls Valley General Hospital		

	-			T_		_	1
CREDITOR'S NAME,	O C	Hu	sband, Wife, Joint, or Community	16	l U	D	
MAILING ADDRESS	CODEBTO	н	DATE CLAIM WAS INCURRED AND	CONT	UNLL	S P	
INCLUDING ZIP CODE,	₽	w	CONSIDERATION FOR CLAIM. IF CLAIM	- 1 1	Q U	U T E	AMOUNTE OF CLARA
AND ACCOUNT NUMBER (See instructions above.)	0	C	IS SUBJECT TO SETOFF, SO STATE.	G	ı	E	AMOUNT OF CLAIM
(See instructions above.)	R	Ŭ		N G E N	ח ו	D	
Account No.			Trade Debt	Т	A T E D		
				-	ь		
SECURITY CHECK							
P O BOX 14189		-					
OKLAHOMA CITY, OK 73113							
							79.00
	L			\perp			78.00
Account No.			Trade Debt				
CHEDWIN WILLIAMS COMPANY							
SHERWIN-WILLIAMS COMPANY		L					
502 S CHICKASAW							
PAULS VALLEY, OK 73075							
							195.51
							193.31
Account No.			Trade Debt				
OURSE DECEMBED A TIME MEDICINE							
SHIRE REGENERATIVE MEDICINE							
ABH COLLECTION ACCOUNT		ľ					
DEPARTMENT 3292							
CAROL STREAM, IL 60132-3292							
							12,240.00
Account No.			Trade Debt				
SHRED IT							
11101 FRANKLIN AVENUE		-					
FRANKLIN PARK, IL 60131-1403							
							440.05
							142.65
Account No.			Trade Debt				
 							
SIEMENS HEALTHCARE							
DIAGNOSTICS		-					
P O BOX 121102							
DALLAS, TX 75312-1102							
							5,122.15
Sheet no. 69 of 82 sheets attached to Schedule of	-	•		Sub	tota	1	4
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	e)	17,778.31

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

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CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		U N L	D	1	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	I QU I D	PUTED	AMO'	UNT OF CLAIM
Account No.			Trade Debt	Т	A T E D		1	
SIGHTPATH MEDICAL 5775 WEST OLD SHAKOPEE ROAD SUITE 90 BLOOMINGTON, MN 55437		-			D			21,158.00
Account No.			Trade Debt	Т	Π			
SIGMA INTERNATIONAL P O BOX 64695 BALTIMORE, MD 21264		-						211.16
Account No.	╁	╁	Trade Debt	+	╀	╁	 	
SKYTRON 16208 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693		-						429.60
Account No.			Trade Debt	Т				
SOONER MOBILE XRAY INC 1111 WEST WILLOW SUITE 103 DUNCAN, OK 73533		_						285.77
Account No.	t		Trade Debt	\dagger	T	T		
SOUTHEASTERN EMERGENCY EQUIP P O BOX 1097 YOUNGSVILLE, NC 27596-1097		_						33.95
Sheet no. 70 of 82 sheets attached to Schedule of				Sub	tota	ıl		00.440.46
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	paş	ge)	1	22,118.48

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

	_						
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	CC	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	QU L D	SPUTED	AMOUNT OF CLAIM
Account No.			Trade Debt	Ť	Ā T E		
SOUTHERN OKLAHOMA PATHOLOGY 421 N MONTA VISTA ADA, OK 74820		-			D		18,000.00
Account No.			Trade Debt	T			
SOUTHWEST XRAY COMPANY 11419 MATHIS SUITE 208 DALLAS, TX 75234		-					4.750.54
							1,750.54
Account No. SOUTHWESTERN DIRECTORY COMPANY P O BOX 7152 MOORE, OK 73153		-	Trade Debt				763.00
Account No.	t		Trade Debt				
ST ANTHONY MARKETING 1000 NORTH LEE OKLAHOMA CITY, OK 73102		-					796.50
Account No.	T	T	Trade Debt			T	
ST ANTHONY PHARMACY ATTN: MELISSA WOOLRIDGE 1000 N LEE OKLAHOMA CITY, OK 73102		-					106.00
Sheet no. 71 of 82 sheets attached to Schedule of	_			Subt	ota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	21,416.04

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In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	C	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNL-QU-DAT	U T F	AMOUNT OF CLAIM
Account No.			Trade Debt	Ť	T E		
ST JOHN RECORD PROGRAMS P O BOX 51263 LOS ANGELES, CA 90051-5563		-			D		358.64
Account No.			Trade Debt				
STANDARD REGISTER P O BOX 840655 DALLAS, TX 75284-0655		-					
							4,124.02
Account No.	T		Trade Debt				
STANDRIDGE TIRE CENTER 101 N ASH PAULS VALLEY, OK 73075		-					34.00
Account No.	┝		Trade Debt				
STANFILL, JOHN 18405 AUBURN MEADOWS DRIVE EDMOND, OK 73012		-					81.81
Account No.	\vdash		Trade Debt	T			
STAPLES PRINT SOLUTIONS P O BOX 71928 CHICAGO, IL 60694		_					90.29
Sheet no. 72 of 82 sheets attached to Schedule of				Subt	ota	1	4 000 =0
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his j	pag	e)	4,688.76

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In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

					—	_		
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		U N L	P		
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONFINGENT	I QU I D	P U T E D	AMOUNT	OF CLAIM
Account No.			Trade Debt	'	A T E D			
STERIS CORPORATION P O BOX 676548 DALLAS, TX 75267-6548		-			D			2,279.89
Account No.			Trade Debt			Γ		
STRETCHWELL, INC. P O BOX 3081 WARMINSTER, PA 18974		-						32.80
Account No.	╀	-	Trade Debt	+	\vdash	╀		
STRYKER ENDOSCOPY C/O STRYKER SALES CORP P O BOX 93276 CHICAGO, IL 60673		-	Trade Debt					11,054.99
Account No.	T		Trade Debt	T	T	T		
STRYKER SALES CORP P O BOX 93308 CHICAGO, IL 60673-3308		-						349.67
Account No.	✝	\dagger	Trade Debt	+	\vdash	t		
SUDDENLINK P O BOX 660365 DALLAS, TX 75266-0365		-						642.47
Sheet no. 73 of 82 sheets attached to Schedule of				Sub	tota	ıl		44.050.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	paş	ge)		14,359.82

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		Ç	Ü	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No.	C O D E B T O R	C J H	DATE CLAIM WAS INCURRED AN CONSIDERATION FOR CLAIM. IF CLAIS SUBJECT TO SETOFF, SO STATE	AIM	ONTINGENT		I S P U T E D	AMOUNT OF CLAIM
	1		Patient Refund/Overpayment on Accoun	t		D		
SUGGS, JERRY R 115 Miller Dr Pauls Valley, OK 73075		-					х	20.00
Account No.	†		Trade Debt					
SUPERIOR FIRE PROTECTION, INC. P O BOX 7480 MONROE, LA 71211-7480		-						
								175.00
Account No. SUTURE EXPRESS P O BOX 842806 KANSAS CITY, MO 64184-2806		-	Trade Debt					527.27
Account No.	╁		Trade Debt					
SWAT COMMITTEE 100 VALLEY DRIVE PAULS VALLEY, OK 73075		-						71.00
Account No.	╁		Trade Debt					71.00
SWIFT VIEW INC P O BOX 5000 PORTLAND, OR 92708-5000		-						
		L				L		2,394.00
Sheet no. _74 _ of _82 _ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(T	S otal of tl		tota pag		3,187.27

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

GDEDWOONG VALVE	С	Hu	sband, Wife, Joint, or Community	C	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	C J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTLNGEN	NL I QU I DATE	I S P U T E D	AMOUNT OF CLAIM
Account No.			Trade Debt	T	T E D		
TACY MEDICAL P O BOX 15807 FERNANDINA BEACH, FL 32035		-					404.20
Account No.			1/31/2011 Patient Refund/Overpayment on Account				101.29
TALKINGTON, MELINDA K P O Box 685 Pauls Valley, OK 73075		-	ratient Netund/Overpayment on Account			x	
							60.00
Account No. TAYLOR TECHNOLOGIES INC 31 LOVETON CIRCLE SPARKS, MD 21152		_	Trade Debt				
Account No.			Trade Debt				97.96
TEAM MEDICAL 3421 GARY DRIVE PLANO, TX 75023		-					629.97
Account No.			Trade Debt				029.91
TELEFLEX MEDICAL P O BOX 601608 CHARLOTTE, NC 28260-1608		_					444.64
					L		144.64
Sheet no. 75 of 82 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			1,033.86

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In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

					_		
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		U	P	
MAILING ADDRESS	CODEBTOR	н	DATE CLAIM WAS INCURRED AND	C O N T	UNLL	S	
INCLUDING ZIP CODE, AND ACCOUNT NUMBER	B	W J	CONSIDERATION FOR CLAIM. IF CLAIM	111	Q U	U T	AMOUNT OF CLAIM
(See instructions above.)	Ö	C	IS SUBJECT TO SETOFF, SO STATE.	101		I =	
·	\ \ \ \	_		N G E N T	DATED	١٦	
Account No.	1		11/30/2010		Ę		
	ı		Patient Refund/Overpayment on Account	Н			-
TEMPLE, SETH D	ı					x	
Rt 1 Box 25809	ı	-				^	
Pauls Valley, OK 73075	ı						
							22.93
Account No.	T		Trade Debt	П			
<u></u>	ı						
THERACOM LLC	ı						
P O BOX 640105	ı	Ι-					
CINCINNATI, OH 45264-0105	ı						
							6,812.35
Account No.	t	H	Trade Debt	\forall	П	T	
	1						
THIRD HELIX TECHNOLOGY	ı						
810 WEST MAINE	ı	-					
ENID, OK 73701	ı						
	ı						
							4,893.00
Account No.	1		Trade Debt				
THOMPSON BORRY C	ı						
THOMPSON BOBBY G 2503 COUNTRYSIDE CIRCLE	ı	l_					
SPICEWOOD, TX 78669	ı						
OF 10211005, 1X 10005	ı						
							10,678.50
Account No.	╁	\vdash	10/31/2010	\forall	Н	H	
	1		Patient Refund/Overpayment on Account				
TORRES-LONG, PAULA							
201 East G Street	ı	-				Ιx	
Elmore City, OK 73433	I						
	ı						
							38.37
Sheet no. 76 of 82 sheets attached to Schedule of				Subt	ota	1	00.445.45
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his p	pag	ge)	22,445.15

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In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

	1.	1	Wife history Wife	Τ_	1	L	T
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATE	S	AMOUNT OF CLAIM
Account No.	┨		10/31/2010 Patient Refund/Overpayment on Account	'	Ė		
TORRES-LONG, PAULA 201 East G Street Elmore City, OK 73433		-	anon normal area paymon on normal			х	
	L						449.55
Account No. TORRES-LONG, PAULA 201 East G Street Elmore City, OK 73433		-	10/31/2010 Patient Refund/Overpayment on Account			x	
							52.33
Account No. TORRES-LONG, PAULA 201 East G Street Elmore City, OK 73433		-	10/31/2010 Patient Refund/Overpayment on Account			x	480.85
Account No.	l		Trade Debt				
TOTAL ELECTRIC OF OK, INC. P O BOX 87 PAULS VALLEY, OK 73075		-					783.75
Account No.	\dagger		Trade Debt				
TOTAL MEDICAL PERSONNEL STAFNG P O BOX 26243 OKLAHOMA CITY, OK 73126		-					138,945.38
Sheet no of sheets attached to Schedule of	_			Sub	tota	ıl	410 711 00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	140,711.86

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In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		U	D I S	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	T I N G E	_ Q	P U T E	
Account No.			9/1/2010	Т	Ā T E		
TURNER, MARY L 202 East E Street Elmore City, OK 73433		-	Patient Refund/Overpayment on Account		D	x	20.00
Account No.			11/30/2010	П	П	T	
TURNER, MARY L 202 East E Street Elmore City, OK 73433		-	Patient Refund/Overpayment on Account			x	
							20.00
Account No.	t		Trade Debt	H	Г	H	
U S FOOD SERVICE P O BOX 973118 DALLAS, TX 75397-3118		-					8,908.92
Account No.	╁	-	Trade Debt	dash	\vdash	├	
UNIQUE PHARMACEUTICAL 5920 SOUTH GEN. BRUCE DRIVE TEMPLE, TX 76502		-					281.79
Account No.			Trade Debt	П			
UNIVERSAL BUSINESS SYS/FORMS 5326 W CRENSHAW ST TAMPA, FL 33634		-					211.10
Sheet no. 78 of 82 sheets attached to Schedule of		•	S	Subt	ota	ıl	0.444.04
Creditors Holding Unsecured Nonpriority Claims			(Total of the	nis į	pag	ge)	9,441.81

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In re	Pauls Valley Hospital Authority d/b/a	Case No
	Pauls Valley General Hospital	

					—			
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community		U N L	P		
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	QUID	PUTED	AMO	UNT OF CLAIM
Account No.	_		Trade Debt	Т	A T E D			
VIDACARE CORPORATION DEPT 2474 PO BOX 122474 DALLAS, TX 75312-2474		-			D			351.04
Account No.			Trade Debt		Г			
VIDEOWORKERS LLC 28107 S 4250 RD INOLA, OK 74036		-						500.00
Account No.	╀	_	Trade Debt	+	\vdash	╀		
VITAL SYSTEMS OF OKLAHOMA, INC 1106 E HWY 152 MUSTANG, OK 73064		-	Trade Dept					3,900.00
Account No.			Trade Debt	T	Г			
VITALOGRAPH INC. P O BOX 26024 KANSAS CITY, MO 64196		-						71.00
Account No.	t	H	Trade Debt	\dagger	\vdash	t		
WASHITA EMERGENCY PHYSICIANS 1000 RIVER ROAD SUITE 100 CONSHOHOCKEN, PA 19428-2437		-						246.37
Sheet no. 79 of 82 sheets attached to Schedule of				Sub	tota	ıl		F 655 4:
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	paş	ge)		5,068.41

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In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

CREDITORIC MAME	С	Hu	sband, Wife, Joint, or Community	C	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		LIQUID		AMOUNT OF CLAIN
Account No.	1		Trade Debt		A T E D		
WATER QUALITY CONTROL, INC. 4205 N W 147TH STREET OKLAHOMA CITY, OK 73134-1812		-					389,00
Account No.	H		1/31/2011 Patient Refund/Overpayment on Account				
WATSON, VIOLA M c/o Bob Watson 12 Lower Oak Grove Rd French Town, NJ 08825		-	Fatient Refund/Overpayment on Account			x	
	L						18.90
Account No. WATSON, VIOLA M c/o Bob Watson 12 Lower Oak Grove Rd French Town, NJ 08825		_	1/31/2011 Patient Refund/Overpayment on Account			x	18.88
Account No.	┢		Trade Debt	\dagger			
WES ENTERPRISES L.P. 108 HILL STREET KELLER, TX 76248		_					2,924.80
Account No.	f		Trade Debt	+			
WESCO DISTRIBUTION, INC. ABA 043000096 P O BOX 676780 DALLAS, TX 75267-6780		_					399.04
Sheet no. 80 of 82 sheets attached to Schedule of	_			Sub	tota	ıl	2.750.62
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	3,750.62

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In re	Pauls Valley Hospital Authority d/b/a	Case No.
	Pauls Valley General Hospital	

				_	_	—	_
CREDITOR'S NAME,	C	Hu	sband, Wife, Joint, or Community	S	U N L	P)
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	LIQUIDATE	SPUTED	AMOUNT OF CLAIM
Account No.	1		Trade Debt	'	Ę		
WI STATE LAB OF HYGIENE P O BOX 78770 MADISON, WI 53278-0770		-			D		7,534.00
Account No.			Trade Debt	П			
WILKS PUBLICATIONS INC 170 E MAIN ST SUITE D PMB 277 HENDERSONVILLE, TN 37075		-					273.00
	L			L	L	L	213.00
Account No. WIMBERLY, SONYA D 34996 E CR 1650 Wynnewood, OK 73098		-	1/31/2011 Patient Refund/Overpayment on Account			x	123.50
Account No.	T		Trade Debt	t	T	Г	
WOLTERS KLUWER HEALTH INC. P O BOX 1590 HAGERSTOWN, MD 21741-1590		-					97.91
Account No.			9/1/2010	Т	Г	Г	
WYATT, KATHY B P O Box 1142 Pauls Valley, OK 73075		-	Patient Refund/Overpayment on Account			x	25.00
Sheet no. 81 of 82 sheets attached to Schedule of		-		Subt	. tota	.1	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	ge)	8,053.41

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In re	Pauls Valley Hospital Authority d/b/a	C	Case No
	Pauls Valley General Hospital		

_							
CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community		U	D I S	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C A M	IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	I QU I D	P U T E	
Account No.	1		11/30/2010	Т	A T E		
WYATT, KATHY B P O Box 1142 Pauls Valley, OK 73075		-	Patient Refund/Overpayment on Account		D	х	25.00
Account No.	╀	\vdash	Trade Debt	+	┝	\vdash	25.00
WYNNEWOOD CHAMBER OF COMMERCE P O BOX 616 WYNNEWOOD, OK 73098		-	Trade Dept				
							120.00
Account No.			Trade Debt	T			
WYNNEWOOD CITY UTILITIES AUTHR 207 WEST ROB'T S. KERR BLVD WYNNEWOOD, OK 73098		-					
							709.26
Account No.	Ī		Trade Debt	+			
WYNNEWOOD GAZETTE P O BOX 309 WYNNEWOOD, OK 73098		-					
				\perp			591.25
Account No. ZACHRY, DOROTHY J 217 N Locust Pauls Valley, OK 73075		-	9/1/2010 Patient Refund/Overpayment on Account			x	
							160.00
Sheet no82_ of _82_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			1,605.51
			(Report on Summary of So		Γota dule		3,424,565.62